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ABSTRACT

In 1993 The Annie E. Casey Foundation made a substantial commitment to the goal of reducing adolescent pregnancy and sexually transmitted disease by investing in the design and development of the Plain Talk initiative. Plain Talk attempts to organize and mobilize community residents to change the attitudes and practices of adults, teenagers, and service providers to support the wider use of contraception and protection. The experiences of six Plain Talk communities, in urban neighborhoods in Atlanta (Georgia), Hartford (Connecticut), Indianapolis (Indiana), New Orleans (Louisiana), San Diego (California), and Seattle (Washington) were documented by Public/Private Ventures, the project's evaluator. This report describes the sites and their planning processes and the key issues arising during the implementation of Plain Talk principles. The six communities made substantial progress in the planning year, especially with regard to involving community residents. While the process of developing consensus varied, five of the six sites made real steps forward. The experiences of the initial year indicate that Plain Talk is a promising example of community involvement and mobilization as well as a useful vehicle for learning about implementation and community participation. Appendix A describes study methodology, and Appendix B explores characteristics of Plain Talk communities. (Contains nine references.) (SLD)

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The Plain Talk Planning Year: Mobilizing Communities to Change

A Report Prepared for The Annie E. Casey Foundation

Lauren J. Kotloff
Phoebe A. Roaf
Michelle Alberti Gambone

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FOREWORD

In 1993 The Annie E. Casey Foundation made a substantial commitment to the goal of reducing adolescent pregnancy and sexually transmitted disease by investing in the design and development of our Plain Talk Initiative. Plain Talk seeks to address these problems among a community's youth by organizing and mobilizing community residents to change the attitudes and practices of adults, teenagers and service providers in ways that directly support wider use of contraception and protection. The Foundation developed Plain Talk after a long and thoughtful process that drew from various sources--the accumulating experiences of funders, current research, our own work with communities, conversations with young people, and the lessons we'd learned through our prior work in comprehensive change efforts to improve outcomes for disadvantaged children and families.

These lessons and experiences told us that the critical goal of reducing teen pregnancy and disease required a rethinking of traditional approaches. They told us that we needed to go beyond prepackaged curricula, standardized messages and single-strand strategies; that we must pursue a direction that reflects the Foundation's basic principles.

Specifically:

> Because we believe it is critical to address the needs of adolescents in the context of their families and communities, Plain Talk builds upon and nurtures strong relationships between youth and the other important adults in their lives--particularly adults in their own family.
>
> Because we believe that collaboration is a powerful tool for effective reform, Plain Talk requires that community residents work in conjunction with representatives of public and private agencies to craft the initiative's messages and activities.
>
> Because we believe that community residents should have the opportunity, authority and resources to make their own decisions, Plain Talk mobilizes community residents, together with community-based organizations, to develop their own multiyear strategy for implementing the initiative.
>
> Because we believe that communities should base their decisions about programs and policies on real data about real kids and real services, each site began the initiative by conducting its own community survey, designed to gather information about local beliefs, attitudes and knowledge about adolescent sexual behaviors, and the provision and accessibility of community services in the area of pregnancy and disease prevention.

These principles undergird each of The Annie E. Casey Foundation's system change initiatives, whether the focus is mental health, family foster care, community development, job creation, education or juvenile justice.

To capture the dynamics of these principles in the context of an evaluation is a difficult proposition, but one that is essential if we are to learn from the efforts of communities struggling with social change on behalf of children and families. We believe that Public/Private Ventures, through its multifaceted evaluation design that integrates information from surveys, community health statistics and ethnographic research, offers an approach that will help us better understand what happened as a result of the Plain Talk initiative, why it happened and how it occurred.

Plain Talk is now almost two years old, with sites having completed a year of planning and an initial year of implementation. We feel quite positive that this report captures the flavor of the initiative's planning year. We agree with Public/Private Ventures' conclusion, based on independent data collection and analysis, that the Plain Talk sites are mobilizing their communities and show promise for carrying the initiative forward. Clearly it is early in the implementation process, but we are optimistic that these modest achievements bode well for the future of the initiative.

Everyone involved in Plain Talk--the communities, Public/Private Ventures and The Annie E. Casey Foundation--hopes that readers of this report will come to better understand the intent and progress of the initiative. We all welcome your comments, observations and questions.

Tony Cipollone
Associate Director
The Annie E. Casey Foundation

EXECUTIVE SUMMARY

The past several decades have produced powerful evidence that social programs focused on reducing specific problems of individuals are not effective over the long term in either changing individual lives or improving the community conditions that helped shape the problems. Policymakers and intervention designers are therefore moving toward initiatives that attempt to improve the lives of individuals by reshaping key social elements in their communities. This usually involves a shift from reliance on strategies designed and operated by "experts" toward reliance on approaches that involve local residents and organizations.

The Annie E. Casey Foundation's Plain Talk initiative takes such an approach. It seeks to address the problems of teenage pregnancy and sexually transmitted disease among a community's youth by organizing and mobilizing community residents to change the attitudes and practices of adults, teenagers and service providers in ways that directly support wider use of contraception.

The Plain Talk approach has three critical, underlying principles: (1) community residents are the primary stakeholders in changing community behavior and, as such, must play a critical role in the decision-making process; (2) there must be strong consensus among the residents about what changes are necessary; and (3) communities must have access to, or the means to obtain, reliable information about the problems and practices they are trying to address. Plain Talk's attempt to create a new balance of power among community residents and social service institutions, and its consensus-building approach to community involvement are highly innovative. The project's design challenges many of the traditional precepts on which social service initiatives have been developed and structured.

The six Plain Talk communities' experiences in implementing these principles during their initial planning year were documented by Public/Private Ventures (P/PV), the project's evaluator. P/PV's report describes the sites and their planning processes, and documents key issues that arose during implementation of the Plain Talk principles.

P/PV found that during the planning year, the six communities made substantial progress toward realization of the principles. They attracted to their planning teams representatives of public and community agencies, health care providers and clergy. In short, community residents were central to shaping the Plain Talk message and implementation strategy. Each site's process of developing consensus around Plain Talk's message varied, of course, largely depending on its residents' attitudes toward teenage sexuality and behavior. At the end of the planning year, only one site had been unable to move forward.

Finally, the "mapping" of each community's attitudes, behavior and services by means of formal surveys--one of the key activities required by the Casey Foundation--proved effective not only as a means of building reliable information about the community, but also as a device for involving residents in deliberations and decision-making.

The following sections of this summary provide a brief overview of the sites, what Plain Talk asked them to do, and the major events in the Plain Talk planning process, and discusses the three critical principles' implementation and their implications for community change initiatives in general.

THE PLAIN TALK COMMUNITIES AND THEIR AGENDA

The six Plain Talk sites are neighborhoods in Atlanta, Hartford, Indianapolis, New Orleans, San Diego and Seattle. The proportion of poor people in these neighborhoods ranges from 25 percent in Seattle to 86 percent in New Orleans. Two sites comprise low-income housing developments. Two sites are predominantly African American, two are mainly white (with substantial non-white minorities), one is mainly Latino, and one is half African American and half Latino.

In each site, the lead agency hired a project manager and proceeded to oversee accomplishment of the milestones and tasks set out by the Casey Foundation to guide the planning year: convene a core group of community residents, service providers, clergy and agency staff; conduct a comprehensive assessment of community needs and resources (referred to as community mapping); formulate goals and develop a Plain Talk message; begin to build community awareness and support; and plan a strategy to be implemented over the succeeding three years. The Foundation stipulated a timeline for the accomplishment of these tasks and provided extensive technical assistance and training workshops to the community residents involved.

At the end of one year of planning, four of the sites had their implementation plans approved; for another site, the planning year was extended. The sixth site, Indianapolis, continued to struggle with difficulties that threatened its continued participation in the project. (Indeed, subsequent to the planning year, this site was dropped from the demonstration.)

THE PLANNING TEAMS' TASKS

Involving Service Providers, Clergy and Other Professionals. The six sites encountered no significant difficulty recruiting representatives from a full range of traditional service providers. In some sites, local politicians and other public figures became involved as well. Sites were also able to engage local health care providers willing to work with the planning groups to find ways of improving services to youth.

A few sites were able to win the active involvement of prominent clergy, many of whom responded primarily out of concern about AIDS. In other sites, church leaders were more reluctant to support Plain Talk; in one site, church-affiliated individuals associated with the lead agency were so opposed to Plain Talk's acceptance that many teenagers are sexually active that the agency ultimately withdrew from the project.

Involving Community Residents. All the sites succeeded in recruiting a core group of residents to the planning teams and involving them in significant roles during the planning process. However, two of the three sites with diverse ethnic groups had difficulty involving representatives of all groups, and involving males proved to be a challenge in all but one site.

Residents were recruited through the personal and professional contacts of agency representatives and the project manager, through residents' outreach to other residents, and through Plain Talk events. Weekly or hourly stipends were used as an incentive. Relying on a housing development's tenant association as a source of participants paid off only if the association was cohesive and had high status in the larger community.

Securing male involvement was problematic. Frequently, men are not nominal lessees of public housing units where they reside, and are therefore not members of the tenants' associations that, in two sites, were the initial source of residents for the planning teams. And in most sites, males had more pressing needs for employment and also tended to regard teen sexuality as an issue best handled by women. Two of the sites were able to overcome these barriers through intensive outreach and by connecting potential male team members with employment and health services.

Bringing in members of different ethnic groups was the greatest challenge. One of the three ethnically diverse sites addressed the issue early in the process--by hiring a diverse staff and doing very aggressive outreach--and achieved broad representation on its planning team. In two sites, representation of all groups was not achieved during the planning year. The sources of their difficulty included language barriers, a dissonance between Plain Talk's message and cultural norms and beliefs, and a history of distrust between groups. The project staffs in these sites are continuing to pursue involvement of all groups.

The process of achieving consensus on the Plain Talk message was relatively smooth in four sites: two comprise relatively homogeneous populations whose attitudes toward teenage sexuality are consonant with those of Plain Talk. Two others comprise heterogeneous populations whose diversity of views was not represented on the planning teams; if these sites eventually succeed in involving all segments of the community, the consensus-building process will likely recommence.

A fifth site is entirely Latino and its key residents favor abstinence before marriage; however, consensus on the Plain Talk goal was eventually achieved. In the sixth site, the planning group achieved consensus, but several members of the lead agency's board held strongly conservative religious views that precipitated the agency's withdrawal from the project and, subsequently, the site's removal from Plain Talk altogether.

Promoting Resident Leadership. In all sites except New Orleans (where resident leadership has been developed over many years), the first months of the planning year were controlled largely by agency representatives. But as the year progressed, community residents played increasingly important roles either as the numerically dominant force on the planning team

(four sites) or as members of a separate resident-dominated planning team that gradually took over project leadership (two sites).

In most sites, residents initially had no experience working as partners with professionals from public or nonprofit agencies, and lacked the confidence to exercise active leadership. Project managers used a variety of strategies to promote the development of skills and confidence within the group so that the residents could interact on a more equal basis with the agency representatives. These strategies included:

- Training workshops (in communication and group process skills, leadership, etc.), provided by the Casey Foundation, to increase the residents' skills in working in groups and blending consensus-building with timely and effective decision-making;
- Continuous mentoring, guidance and encouragement; and
- Establishment of separate teams of residents in which they learned management techniques, developed confidence and gradually assumed project leadership.

Using Information-Gathering to Propel the Process. One of Plain Talk's major early tasks was community mapping. Residents were employed to conduct: (1) a formal survey of community youth and adults, querying them on their attitudes and behaviors with regard to teen sexuality, contraceptive use, and communication among them on these issues; and (2) site visits to and interviews with providers of health services and retail outlets with regard to the availability of services and contraceptive devices.

This community-based information and data collection activity served several purposes. First, training residents to collect the data proved a good tool for recruiting and involving them in the planning process. It provided a highly engaging learning experience that increased residents' understanding of their community and confirmed, strengthened or--in at least one site--helped to create community acceptance of the urgent need to deal with their teenagers' risk behaviors realistically.

In addition, the detailed survey results made it possible for planning teams to tailor their implementation plans to meet the varying needs of specific groups. Finally, disseminating the results throughout the community provided the teams with experience that will help them disseminate the Plain Talk message itself during the project's implementation phase.

LESSONS FOR COMMUNITY CHANGE INITIATIVES

Plain Talk is in its very early stages, and therefore can support only preliminary insights into the model and the broader approach it represents. It is also unique, and can only support modest generalizations at this stage. Nonetheless, it seems to P/PV that it is important to begin trying to draw out such generalizations at the early stages if Plain Talk is to be a useful guide to other community involvement and mobilization initiatives. These early considerations will also help to define more carefully some of the key issues that will warrant close examination over the ensuing years of Plain Talk's implementation.

Community Residents As Stakeholders and Decision-Makers

In general, the attempt to involve community residents in significant roles in planning the Plain Talk initiative was successful. (Incorporating diverse ethnic groups did prove to be difficult in the most "mixed" sites, as is discussed in the next section.) All Plain Talk sites established a cohesive core group of residents who played a major role in shaping the Plain Talk message, and in deciding on a general implementation strategy.

Achieving this required creativity, flexibility, training and skilled direction from a project manager. For example, involving both male and female adults, and teen residents, demanded both creativity on the part of the lead agencies and project directors, and the flexibility to address barriers to resident involvement, such as housing authority rules, stipends to cover travel and child care, and in one case, getting access to health services and employment that participants needed.

But involving residents as decision-makers has highlighted important structural, training and process issues that are likely to emerge in any community involvement initiative. In most of the communities, for example, residents were inexperienced in working as equals with--or as leaders of--professional representatives from public or nonprofit service agencies, and were often reluctant to take on active leadership roles until structural changes were made to facilitate such action. The alignment of the relationship between residents and agency professionals continues to evolve at the six sites, and warrants further attention to learn how the transformation in the power balance between residents and professionals is most effectively achieved.

In addition, many residents lacked the skills necessary to any effort that requires working in groups, seeking consensus and making timely decisions. In some sites, residents had prior experience in such work and participated in the process more easily. In other sites, training workshops increased their skills. In all the sites, ongoing mentoring, guidance and leadership by skilled project managers seemed critical.

The Plain Talk sites have, for the most part, avoided one of the pitfalls experienced by other resident-driven initiatives--becoming so enmeshed in the process of forming a group that concrete progress toward the goals of the initiative is significantly impeded. This appeared to be primarily due to the fact that the Casey model is activity-oriented, with a timeline built around concrete milestones and tasks. This approach helped prevent communities from getting bogged down in process and personalities. The first-year milestones gave residents opportunities to be involved in concrete activities, and thus created both opportunities for developing residents' leadership and a way to channel their enthusiasm and need to "do something" right away.

As the Plain Talk initiative continues, the opportunity exists to learn a great deal about how shifts in power relations affect the continuing commitment and effectiveness of agency representatives and other community professionals; about the type and kind of training and skill-

building needed as residents become increasingly active planners and decision-makers; and about the need for and utility of outside assistance over time in making decisions about technical assistance and training, and the shaping and monitoring of activities and milestones.

Community Consensus As a Mechanism of Change

For communities to effect change, some degree of consensus is required about both the problems and their solutions. Even in an initiative like Plain Talk, where the problem is clearly defined (teen pregnancy and STDs) and a basic solution has been identified (increased use of contraception among sexually active teens), achieving consensus within the planning teams has been a challenge. Undoubtedly, this will also be true in the broader community.

Fostering a sense of shared values and goals among both the residents and the community agencies has required ongoing dialogue and discussion, and careful attention to linking the goals of the initiative to the values held by the communities' dominant groups and individuals. This has proved to be most challenging in sites where segments of the population hold values at odds with the initiative's goal.

This difficulty points to a lesson valuable for all community-based efforts: while residents of impoverished communities share economic problems, they are by no means socially or culturally monolithic. These neighborhoods face the same tensions over diverse values as more affluent communities. As a result, significant effort is required to ensure that all critical segments of the community are involved in the decision-making process, and can at least understand the rationale behind the initiative's goals and activities. It may not be possible to achieve consensus on some sensitive topics in all communities involved in a change effort; ultimately, this reality might limit the initiative's potential effectiveness.

As Plain Talk moves into implementation, there will be continuing opportunities to learn how to achieve consensus among culturally diverse groups (and whether it can be achieved), and to examine the involvement in and effect on the consensus-building process by the value-shapers in the community (e.g., clergy, the media, community leaders, etc.).

Community Access to Information

There is increasing recognition that for community residents to be active participants in solving community social problems, they must have access to or the ability to collect credible information about the prevailing conditions, behaviors and attitudes that are targets of change. In this regard, the Plain Talk initiative is an exemplar of how information can act as both an instrument of resident empowerment and involvement, and as a tool for social change.

While resident-based information-gathering proved an invaluable part of the planning year, it also holds lessons about the special techniques and additional resources necessary to carry it out. Because of the technical nature of systematic data collection, analysis and interpretation, and the inexperience in these activities of most community members--professionals as well as

residents--this strategy required a significant amount of training and technical assistance. The Foundation hired a research firm to work with communities in choosing the tools and formulating plans for data collection, overseeing the data collection and conducting the necessary data analyses. This was a time- and labor-intensive effort, requiring special approaches and a focus on community relations that are unusual for survey efforts. However, given the multiple utility of this community mapping effort, other community involvement and mobilization initiatives would be well-advised to devote the time and resources necessary to these activities. As Plain Talk continues into implementation, an important issue to follow will be how the sites and the Foundation devise further strategies to meet the continuing need for credible information to use in the monitoring of progress.

In sum, the Plain Talk communities took on an enormous challenge during their first year, and made significant progress toward achieving their goals. Five of the six sites met all the objectives of the planning year and moved on to implementation. It appears from the initial year's experience that Plain Talk is a promising example of the community involvement/ mobilization approach, both in terms of its accomplishments and its usefulness as a vehicle for learning.

I. INTRODUCTION

This study concerns the initial planning year of Plain Talk, a four-year community-based initiative developed by The Annie E. Casey Foundation to reduce rates of pregnancy, HIV/AIDS and other sexually transmitted diseases among adolescents.

Plain Talk is under way in communities in six cities: Atlanta, Hartford, Indianapolis, New Orleans, San Diego and Seattle. These communities are charged with two missions: encouraging local adults to engage youth in frank and open discussions regarding sexuality and the need for consistent use of contraceptives; and improving the contraceptive services youth receive from local care health providers. These missions are to be accomplished in two phases: the initial planning year and a three-year implementation phase.

The sites' chief objective during the planning year is to bring together a core group of community residents and agency representatives (a term that applies to professionals from agencies, organizations and institutions that serve the community) to conduct a comprehensive assessment of community needs and resources, then plan a strategy for implementing Plain Talk. This report examines the experiences of sites during this planning phase, with an eye toward distilling lessons that can inform planning of other community-based initiatives.

Plain Talk was formulated to address increasing concern about unintended pregnancy and the risk of STDs and AIDS. Estimates suggest that the level of sexual activity among American adolescents is roughly comparable to that among adolescents in most other industrialized nations. At the same time, however, American adolescents are far below average in their rate of contraceptive use and far above average in their rate of unprotected sex (Jones et al., 1985). Accordingly, adolescents in the United States have a high rate of pregnancy, with correspondingly high rates of births and abortions. One important reason for these distressing statistics might be that teens in most other nations have greater access to contraceptive services and receive stronger, more consistent messages in support of contraceptive use than do their American counterparts.

Previous initiatives designed to address adolescent sexuality in the United States generally focused their message on the delay of sexual activity and targeted all adolescents. Plain Talk differs significantly from these efforts by specifically targeting youth who are sexually active--and are therefore at highest risk of becoming pregnant or contracting an STD--and encouraging them to use contraceptive services consistently and correctly.

PROGRAM RATIONALE

Plain Talk relies on two complementary premises. The first is that adults should play a pivotal role in shaping messages concerning sexual activity among adolescents. Traditionally, parents and other adults have played very limited roles in disseminating sexual and contraceptive information to youth. Studies report that peers are the primary sources of adolescents'

sexual and contraceptive information (Hayes, 1987; Treboux, 1989). In fact, youth are often reluctant to discuss personal information with adults, particularly when the topic is sensitive and they anticipate that the adults will disapprove of their actions.

Nevertheless, studies of adult/youth relationships indicate that, given the right environment, youth and adults can effectively communicate about such matters. In particular, several studies identified the communication patterns of adult mentors who were effective in establishing relationships with youth that allowed for meaningful discussions. Adults in effective relationships with youth had several characteristics in common--they remained nonjudgmental; they were respectful of youth's confidences; and they recognized that it was a mistake to try to force disclosure (Styles and Morrow, 1992; Tierney and Branch, 1992).

It is likely that these patterns would be equally effective for adults involved with Plain Talk. Therefore, Plain Talk focuses on helping adults acknowledge adolescent sexuality and effectively reinforce appropriate contraceptive use.

The second premise behind Plain Talk is that adolescents' sexual risk-taking can be reduced only through community mobilization and change. Plain Talk's planners have hypothesized that change cannot occur without a communitywide consensus-building effort that creates an environment in which youth receive clear and consistent messages from the adults and institutions with whom they interact.

Until recently, research on adolescent sexuality focused almost exclusively on the individual. Only rarely was there explicit appreciation of the role of the community in the sexual decision-making of its youth. However, several recent studies (e.g., Grady, Klepinger and Billy, 1993; Brooks-Gunn, Duncan, Klebanov and Sealand, 1993; Case and Katz, 1991) have demonstrated the value of including community-level variables in studies of fertility-related behavior. Understanding how such variables as the racial and ethnic composition of a neighborhood or its cohesiveness influence its ability to achieve consensus is a primary lesson to be learned from this initiative.

THE PLAIN TALK INITIATIVE

Plain Talk is a long-term approach to reducing pregnancy and disease, involving a sequence of organizational, attitudinal and behavioral changes. In each of the Plain Talk communities, a lead agency was designated and given responsibility for convening a core group of residents, service providers and agency staff who represent diverse viewpoints within the community. The responsibility for organizing, planning and implementing Plain Talk rests with this group.

During the first year of planning, each core group was expected to craft a Plain Talk message advocating greater protection for sexually active youth. Over the course of the three years of implementation, this group will bring their Plain Talk message to adults, youth and service providers throughout the community, while involving an ever-growing cadre of community

members as Plain Talk messengers. The involvement of parents, other neighborhood residents and agency representatives at every stage of the development and implementation process is considered essential to producing the desired outcomes.

The challenge of developing wide consensus on a topic as sensitive as adolescent sexuality may be more daunting in the United States than in most other industrialized nations because of our highly diverse population. While acknowledging the difficulty and time that will be involved in this effort, the Foundation has not wavered from its view that consensus across a wide constituency of community members is an absolute prerequisite for developing a strategy that will achieve Plain Talk's stated goals and establish its ideals in the community.

Not only does the Foundation mandate the involvement of all segments of the community in formulating Plain Talk strategies, it also calls on participants--including its own staff--to depart from established practices and place decision-making authority squarely in the hands of community residents. Hence, Plain Talk does not incorporate the traditional service delivery model; it holds that residents know what is best for their communities and should be empowered to make decisions. Underlying much of Plain Talk's philosophy is a challenge to institutions to concede real authority to persons who have historically been viewed as passive recipients of services.

The difficulty of accomplishing this objective should not be underestimated, since it challenges many of the traditional precepts on which initiatives have been developed and structured. Participating agency representatives have been forced to reconsider their role as primary decision-makers. And all participants have entered into a demanding and challenging enterprise that will require each party--community residents, agency representatives and the Foundation itself--to create roles based on an equitable sharing of power and authority.

Plain Talk is highly innovative in its attempt to create a new balance of power among agents of change, and in its inclusive consensus-building model of community involvement. Policymakers are turning increasingly to community-based strategies to address seemingly intractable social problems. However, there has been very little systematic examination of the process through which such strategies are implemented--e.g., how the various planning groups are formed and their roles established. Thus, Plain Talk's full-year planning phase presents an opportunity to study how a community-based initiative gets off the ground and establishes itself in the community.

REPORT OVERVIEW

To study the course of the planning phase, Public/Private Ventures (P/PV) visited each of the six Plain Talk sites between March 1993 and March 1994, observed activities and meetings, collected data and documents, and interviewed a variety of people who participated in the planning year--including Plain Talk staff, agency representatives and community residents. Further information was gathered through regular phone conversations with Plain Talk staff. (See Appendix A for details.)

This report focuses on three processes that were central to the Foundation's model for the planning year: the establishment of the core planning groups, the development of consensus within the planning groups regarding Plain Talk goals, and the initial attempts to build support for Plain Talk in the wider community.

Rather than present our findings in a series of six case studies depicting the course of the planning year in each individual site, this report uses a cross-site perspective to extract generic lessons that emerge from the sites' collective experiences. Data from individual sites are presented to illustrate the range of variation across the sites on a particular issue, or to highlight a pattern found in several sites. This format allows generalizations to emerge that can be applied to future community-based initiatives.

The report is organized as follows: **Chapter II** briefly describes each of the six Plain Talk communities. **Chapter III** gives a brief overview of the planning year. **Chapters IV and V** describe efforts of the Plain Talk sites to involve a diverse group of community residents and agency representatives in the planning teams and develop their respective roles. Particular attention is paid to sites' efforts to empower community residents for leadership roles in the planning process. **Chapter VI** discusses the planning groups' progress in reaching consensus regarding the goals of Plain Talk, and identifies issues that generated disagreement and the processes that facilitated agreement. **Chapter VII** examines the extent to which the planning teams went into the community to begin building awareness and support of Plain Talk. **Chapter VIII** examines the sites that did not reach all planning-year milestones, and explores the factors that impeded their progress. **Chapter IX** is a discussion based on our observations and the lessons we have extracted.

II. THE PLAIN TALK COMMUNITIES

The six communities involved in Plain Talk are divided into two cohorts. The communities in the first cohort--Atlanta, Hartford, New Orleans and San Diego--began the planning year in March 1993. Indianapolis and Seattle, the second cohort communities, began the planning year in November 1993.

The selection criteria used by the Foundation to select the sites specified that communities have large numbers of sexually active youth, high rates of teen pregnancy, and a demonstrated readiness to confront these problems. The lead agency was to be a neighborhood organization with existing youth-serving programs and established credibility in the community. The planning year began in Spring 1993 for four of the sites, and in Winter 1993 for Indianapolis and Seattle.

This section briefly describes each Plain Talk community, highlighting the characteristics of the target community, the mission and services of the lead agency, the background of the project manager, and the configuration of the planning teams. (Refer to Appendix B for a summary chart of the six sites.)

ATLANTA

The Mechanicsville neighborhood, an area immediately south of Atlanta's central business district, is the Plain Talk community. Mechanicsville has a dozen or so churches, about half of which are in storefronts. The area includes one elementary school and two junior high schools (though some youth attend schools outside the community). There are six health clinics, administered by the Fulton County Health Department, including two for teenagers.

Mechanicsville encompasses the McDaniel-Glen Housing Development, located in the northwest corner of the neighborhood. McDaniel-Glen borders a small park and the Dunbar Community Center, a city-owned and -operated facility. The Dunbar Center attracts a great deal of neighborhood activity, as it is home to a day care center for children, a branch of the Atlanta Public Library, a gym and recreational facilities, and the Plain Talk lead agency.

This is a neighborhood in transition: from 1950 to 1990, Mechanicsville experienced a net loss of more than 4,600 housing units and 19,000 residents. According to the 1990 Census, there are 1,296 households in this area--including subsidized housing, private residences and public housing developments. The majority of housing units (94%) are renter-occupied. Of the 3,323 people living in Mechanicsville, 97 percent are African American and 44 percent are under 20 years of age, with about half of these between the ages of 10 and 19.

The 1990 Census further reports that 62 percent of Mechanicsville residents 25 years and older do not have a high school diploma. The employment rate for all persons 16 years and older is 31 percent; 71 percent of this population lives below the poverty level. The poverty

experienced by McDaniel-Glen residents is even more severe. According to 1993 data from the Atlanta Housing Authority, about 6 percent of the tenants are known to be employed and the median household income is about $4,500 per year. A great deal of crime and drug-related activity takes place in the area.

The Center for Black Women's Wellness (CBWW), which serves as the lead agency, is a community-based self-help center that provides a variety of health-related services to Mechanicsville women and children. The CBWW is affiliated with the National Black Women's Health Project, an organization committed to promoting and maintaining the physical, mental and emotional well-being of black women.

The CBWW was established as a teen pregnancy prevention program by the Kellogg Foundation in the early 1980s. Currently, the mission of the CBWW is to empower women to utilize the social services available to them through participation in self-help groups. This model of empowerment hypothesizes that increases in self-esteem can lead to the transformation of an entire community because of individuals' willingness to challenge the status quo. The CBWW staff view Plain Talk as a means of galvanizing residents to address a number of issues affecting their community, not just teenage sexuality.

In addition to prior experience in the area of pregnancy prevention, the CBWW has formed strong linkages with other agencies serving the Mechanicsville community, including health care providers, the department of parks and recreation, and civic associations. Many representatives from these agencies serve on the board of directors for the CBWW and have offered to serve as resources for Plain Talk planners.

The Plain Talk project manager is the director of the CBWW, a woman with a Bachelor's Degree in criminal justice. She has worked with the CBWW for more than 10 years, assuming the position of director in 1989. Hence, she has a long history of interaction with community residents. Prior to joining the CBWW, she worked for five years with a women's health center in Florida.

The project manager received assistance from three groups during the planning phase: the advisory council, the core advisory group and the resident group. Advisory council members include health care providers, local elected officials, clergy and staff of social service agencies. These persons have contributed to Plain Talk on an as-needed basis, assisting with specific activities, disseminating information about Plain Talk, and identifying potential resources for the staff.

The core advisory group is a subset of the advisory council on which the project manager frequently called for assistance during the planning year. The members of this group also functioned as the initial planning team, working with the project manager before the residents began meeting on a regular basis. The resident group includes teens and adults; Atlanta is one of two sites that fully incorporated teens into one of the major planning groups. Many of the residents became involved with Plain Talk through their interaction with the CBWW.

HARTFORD

Hartford's target community for Plain Talk is Stowe Village, a low-income housing development in north Hartford containing 598 housing units. The Stowe Village housing development includes a community center with office space for several programs, including the YMCA and a day care center. The community center also serves as the location for Plain Talk planning meetings.

The community is characterized by high turnover. According to 1993 statistics from the Hartford Housing Authority, nearly three-quarters of Stowe Village residents had lived there for five years or less, and 39 percent of Stowe Village units had been occupied for less than 18 months.

The Hartford Housing Authority reports that, excepting one percent who are either white or Indian, Stowe Village's 1,610 residents are almost equally Latinos of Puerto Rican descent (50%) or African Americans (49%). From the beginning of the initiative, Plain Talk planners have targeted both populations. However, this ethnic and cultural duality presents many challenges to designing an intervention to meet the needs of the entire community.

The Housing Authority reports that the majority of households in the community receive public assistance and 70 percent of the population lives below the poverty level. The 1990 Census places the employment rate for all persons 16 years and older at 36 percent. The population is young, with 64 percent being 19 years of age or younger. Reportedly, gangs and drugs exert a strong influence on many youth in the community.

The Hartford Action Plan (HAP) is the lead agency for the Plain Talk initiative. HAP is an umbrella organization representing an alliance of corporations, government officials, health care providers, community organizations and schools. These organizations coordinate their efforts to improve the health status of mothers and children and to prevent adolescent pregnancy. HAP differs from lead agencies in the other sites in that its office is not located in the community, though it has provided services to Stowe Village through several of its programs.

During the first six months of the planning year, Plain Talk did not have an office in the community or a project manager. An interim team composed of HAP staff and a private consultant managed the initiative during this period. Initially, HAP considered hiring two project managers to ensure representation of both key segments of the population--the Latino and the African-American communities. After much deliberation, however, they decided to hire the one applicant who was deemed most qualified, regardless of race or ethnicity.

Halfway through the planning year, an African American female was hired as project manager. She grew up in Stowe Village, and had extensive experience working with youth, as a counselor and life skills instructor for high school students and as an interim priest in an Episcopal parish. As a priest, she ran one of two teenage AIDS prevention programs sponsored by the Episcopal Church in Connecticut.

The lack of a project manager and an office in the community were major obstacles to establishing Plain Talk's presence in the community during the first half of the year; it proved very difficult to inform residents about Plain Talk and encourage their participation. Six months into the planning year, the Housing Authority renovated an apartment in Stowe Village for use by Plain Talk.

The planning group for Plain Talk in Hartford consists of representatives from six agencies, including the lead agency, and the Stowe Village Tenant Association. Four of the agencies received financial contracts for their participation. After the project manager was hired, she began meeting separately with residents, eventually evolving this informal group into a second planning group. This resident team was responsible for planning and organizing several community events in the second half of the planning year.

NEW ORLEANS

Plain Talk in New Orleans is situated in the St. Thomas Housing Development, located in an industrial warehouse district of the Lower Garden District several blocks from the Mississippi River. St. Thomas is adjacent to a multi-ethnic working-class neighborhood to the north; to the east is a recently developed commercial district, which features many antique stores; on the west is the Garden District, one of the city's oldest and most expensive neighborhoods.

According to 1980 information provided by the Housing Authority, the development includes 1,510 units. The 1990 Census reports that approximately 3,800 people live in St. Thomas, and nearly all (99%) are African American. The population is young: according to the 1990 Census, about 66 percent are under 20 years of age, with 26 percent between the ages of 11 and 19. Residents are also quite poor; 86 percent of the households have incomes below the poverty level. The employment rate among those 16 years and older is 23 percent.

The Plain Talk lead agency is the St. Thomas/Irish Channel Consortium (STICC), which consists of 12 neighborhood groups and social service organizations and the St. Thomas Resident Council (STRC), an elected body that represents the residents of the housing development. STICC was formed in 1989 in response to community members' concerns about the ways in which resources were distributed and services were delivered within the community. While STICC administers the Plain Talk grant, it is ultimately accountable to the STRC.

This community's distinctive characteristic is its long history of community development and resident empowerment efforts. Community activists from the People's Institute for Survival and Beyond, a community organization (and STICC member) that offers training in the theory and practice of community change, have worked closely with residents and agency staff for several years to create a common understanding of the conditions of poverty and a commitment to work together to bring about change. Two trainers from the People's Institute provide intensive, ongoing leadership training to members of STRC through formal (e.g., training workshops) and informal methods. They are consultants to STRC, and serve as president and coordinator of STICC.

These community development efforts have resulted in several accomplishments. STRC is reportedly one of the more organized and active resident councils in the city. In 1990, an Economic Development Unit of STRC was created to collect data about the community, both to inform STRC's initiatives and to build the capacity of residents. The creation of STICC was another outcome of the community development efforts. STICC provides a structure through which community residents are involved in decisions that affect them. Through STICC, the public and private institutions that claim to serve, represent or advocate on the residents' behalf are held accountable to the residents.

The members of STRC and STICC have an expansive vision of what Plain Talk should entail. They view the model as an integral part of a larger, ongoing community mobilization strategy that, if it is to succeed, must be developed and led by residents. Furthermore, they see the Plain Talk message as much broader than sexuality, encompassing many areas of concern to residents: inadequate housing, high levels of crime and drug dealing, a lack of positive activities for youth, and limited access to affordable, high-quality health care. Residents would like Plain Talk to help reconnect people to one another, reduce the level of fear among neighbors, and create a strong sense of community in the housing development.

To carry out this mission, STRC and STICC hired a woman with a background in adolescent sexuality as the Plain Talk project manager. She has a Master's Degree in sociology, and prior to assuming this position, worked at Planned Parenthood, where she developed and implemented a teenage pregnancy curriculum. She also introduced the home health party concept as a means of increasing parental involvement in curriculum development as well as their children's lives. She had worked with STRC and STICC before becoming project manager and is well-regarded by community residents and agency representatives.

The project manager relies on a core planning group and an advisory council in planning and conducting Plain Talk activities. The core planning group, which is ultimately responsible for all Plain Talk decisions, includes STRC's 10 elected officers and its Economic Development Unit survey team. The advisory council members represent health care providers, religious and educational institutions, and advocacy groups for children. Council members' role is to support the efforts of Plain Talk by disseminating information about it through their professional affiliations, and by serving as advocates and supporters, particularly in the face of controversy.

SAN DIEGO

The target community for Plain Talk in San Diego is the Logan Heights neighborhood in the southeastern section of the city. Logan Heights has commercial and industrial properties along its northern boundary but is primarily residential. The majority of residences are single-family units on small lots, with some high-density developments scattered throughout the neighborhood. About 70 percent of the housing units are renter-occupied, and more than half (56.5%) of the population have maintained their residence for five years or less. The Logan Heights area includes several churches, two parks, two public schools and three clinics.

According to the 1990 Census, Logan Heights encompasses 3,400 household units and 13,488 residents. Eighty percent of residents are Latino, largely of Mexican descent. This includes Mexican-born residents, including a number of undocumented immigrants, and more acculturated American-born residents of Mexican descent.

Although 16 percent of the population is non-Hispanic black, the Plain Talk initiative in San Diego will focus exclusively on Latinos, the only site with this focus. The local planners thought it unlikely that one initiative could address the concerns of the African American and the Latino communities, given their differing views of teenage sexuality.

The population is poor: 1990 Census data show that 44 percent live below the poverty level. Most residents are not highly educated: 64 percent of adults 25 years of age and older do not have high school diplomas. The employment rate for all persons 16 years of age and older is about 53 percent. Forty-two percent of the population is under the age of 20; 18 percent are between the ages of 10 and 19. Logan Heights and adjacent neighborhoods are considered high-crime areas. According to a member of the San Diego Police Department, there are three major gangs in Logan Heights involved in the use and sale of drugs.

The Logan Heights Family Health Center serves as the lead agency for Plain Talk. The Center, which recently opened a teen clinic, is well-regarded by residents and agency representatives, and provides a variety of health services to the community. The planning team meets in the original Center facility, an adobe building that to many community residents symbolizes the Center's ties to the community.

The staff's vision of Plain Talk is shaped by the target population, the Latino community in Logan Heights. To facilitate changes in this community, the staff believe that Plain Talk must address important issues related to this group, including their sense of alienation, conflict in intergenerational relationships, and cultural values concerning sexuality and communication.

As Plain Talk project manager, the Center selected a woman who is respected and trusted within the influential circle of Logan Heights community activists and agency representatives. She is an experienced sexuality educator with a special interest in AIDS awareness and prevention. Part of her early childhood was spent in Logan Heights, and she returned as a young adult and community activist. The other Plain Talk staff person is a Latino with a Ph.D. in clinical psychology who brings to the initiative a background in research methods. His responsibilities included presenting the results of community mapping to the team.

Only one group has been involved in planning the initiative, the Plain Talk core community group. This group comprises four broad categories of people: community adults; teens; professionals representing local health, religious and educational institutions; and public figures. Some agencies received a stipend as an incentive for maintaining their involvement. Agency representatives have provided space for Plain Talk activities, disseminated informa-

tion about Plain Talk to their colleagues, and identified residents for the core community group.

INDIANAPOLIS

The Indianapolis Plain Talk community is a neighborhood in the Highland-Brookside area, commonly referred to as the Near Eastside. This community, located east of Indianapolis's downtown district, includes areas with middle-income residents in single-family homes, as well as sections with subsidized apartments for rent.

Relative to other Plain Talk communities, the Near Eastside is large: the 1990 Census indicates a population of 27,570 residents. Nevertheless, residents consider the area a cohesive community. However, concerned that the area was too large to reach effectively, the Foundation convinced the site to reduce the boundaries of its target area.

The site agreed to focus on a small neighborhood within the Near Eastside. The 1990 Census indicates that this neighborhood contains 1,676 residential units and has a population of 5,229. Demographically, it is similar to the larger Near Eastside community. Approximately 85 percent of residents are white and approximately 13 percent are African American. However, Plain Talk staff suspect that the African American population is underreported. Forty percent of the population is under 20 years old.

The 1990 Census indicates that the neighborhood, like the Near Eastside as a whole, is relatively affluent compared to the other Plain Talk communities. Only 27 percent of families have incomes below the poverty level, and nearly 60 percent of the population over 16 are employed.

The neighborhood is characterized by a high degree of transience. It is not uncommon for residents to change locations several times a year due to eviction, utility cutoffs, or other such reasons. While residents relocate frequently, however, they tend to do so within the boundaries of the Near Eastside.

One factor that has contributed to this neighborhood's sense of community is a strong history of community organizing. Currently, 10 neighborhood associations, 12 block clubs and 14 churches are among the members of an umbrella group called the Near Eastside Community Organization (NESCO). Established in the early 1970s, NESCO coordinates monthly communitywide meetings, publishes a neighborhood newspaper and organizes an annual Community Unity Festival. Through the efforts of NESCO, this community has enjoyed a long history of interagency cooperation.

During the planning year, the lead agency for Plain Talk in Indianapolis was Eastside Community Investments (ECI), an economic development corporation affiliated with NESCO that conducts programs in four areas: people, land, buildings and industry. Although it is an economic development corporation, ECI interprets its mission of building community assets

quite broadly. For instance, ECI believes that the neighborhood's high rates of teenage pregnancy affect economic development and perpetuate a cycle of dependency. Thus, ECI supports the goal of reducing the incidence of teen pregnancy because this can contribute to increasing rates of high school graduation and resident employment and, in turn, can increase the proportion of economically self-sufficient residents.

In addition to espousing a holistic definition of economic development, ECI aims to enhance resident involvement in its community-level initiatives. Thus, ECI staff went into the planning year hoping to incorporate Plain Talk's approach to community-based planning and consensus-building as a means of increasing participation in their own activities.[1]

The Plain Talk project director in this site, a woman with a Bachelor's Degree in sociology, has extensive experience providing social services in the target community. She worked at a local community-based health center for eight years prior to joining Plain Talk. As the center's social service coordinator, one of her primary responsibilities was administering a teen pregnancy prevention program. In this role, she established connections with local social service agencies, schools and neighborhood churches, and became highly regarded by residents and community leaders. She is joined on the Plain Talk staff by a community organizer and an administrative assistant, both women. The three women work together very closely and attribute many of the accomplishments of the initiative to their cohesive relationship.

Two groups have been involved in planning-year activities: the advisory council and the strategic core group. The advisory council is an outgrowth of a group convened by ECI's director to determine whether the agency should submit a proposal for Plain Talk; it includes community residents, representatives of churches and other religious groups, health care providers and public school staff. Many of these individuals worked with ECI in other capacities prior to participating on the advisory council.

The strategic core group, composed of community residents, began meeting several months into the planning year, and functions as the initiative's primary decision-making body. The group's members have quite diverse personal and educational backgrounds and experiences.

SEATTLE

The Plain Talk community in Seattle is located in White Center, an unincorporated area of King County just south of Seattle. Although it includes a busy avenue lined with businesses and offices, the area is largely residential, and contains both public and private housing. White Center households are primarily middle- to low-income; according to 1990 Census data, only about 25 percent of its residents live below the poverty level. Sixty-four percent of persons over the age of 16 are employed.

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[1] ECI decided not to continue as lead agency during the implementation phase, and a new lead agent had not yet been identified at the time this report was written. The reasons underlying the decision will be discussed later in the report.

Historically, White Center was inhabited by poor and working-class whites. While still a predominantly white community, the ethnic composition of White Center has changed dramatically in recent decades. The 1990 Census data show that the Asian population had grown to 20 percent of the total population. The Asian population contains numerous culturally distinct refugee and immigrant communities, including Cambodians, Vietnamese and Filipinos. African Americans, Latinos and Native Americans also reside in this area. This cultural and linguistic diversity presents an enormous challenge to those providing services and education.

Originally, Plain Talk's target area encompassed all of White Center. However, both the Foundation and the site came to feel this was too large an area to manage effectively, and the site selected a smaller target area within White Center. The new target area includes a mix of public and private housing. It contains an 812-unit public housing development, Park Lake Homes I, and its surrounding neighborhood--a somewhat more affluent area of privately owned homes. Based on data from the 1990 Census, the total population of the new target area is approximately 6,574, 32 percent of whom are under the age of 20. The King County Housing Authority reports that 58 percent of the residents in Park Lake Homes I are Asian, and school district data indicate that the composition of the surrounding neighborhood is approximately 50 percent white, 25 percent Asian, and 25 percent African American, Hispanic and Native American.

Given the demographic complexity of this area, the extent to which local agencies have been able to communicate and exchange resources is striking. There are numerous coalitions of agencies, businesses and residents, several of which focus on youth issues. Members of one of these coalitions, the Southwest Teen Pregnancy and Parenting Alliance (SWTPPA), were largely responsible for the decision to pursue the Plain Talk grant. This group's early discussions of Plain Talk coincided with the final planning stages of another teen pregnancy prevention program they were organizing.

The lead agency for Plain Talk is Neighborhood House, a Seattle-based settlement house that primarily serves the residents of five local public housing developments and their surrounding areas. Neighborhood House administers five social service offices called Neighborhood Centers, one in each of the housing developments. Through its efforts, Neighborhood House has become familiar to many residents and has established a stable presence in the target community.

Plain Talk's office is located in the Park Lake Neighborhood Center. The Center provides such services as advocacy, referral and emergency assistance; long-term case management; and translation and other services designed to meet the needs of Southeast Asian refugees.

There have been two project managers at this site. The first, a male, worked in this capacity for the first half of the planning year. He is president of the local school board and used many of his connections with local agencies as resources for Plain Talk. After six months as full-time project manager, he reduced his role to part-time assistant coordinator, due to time constraints and family commitments.

The current project manager previously served as the Plain Talk community organizer. She is a trained health educator. Because she recently moved to Seattle from Kansas, she has not developed a network of personal and professional contacts as extensive as that of the previous project manager. However, since the program continues to benefit from his ongoing affiliation as assistant coordinator, this has yet to pose a significant problem.

Plain Talk activities have been planned and coordinated by two groups: the planning team and the advisory committee. The planning team, which is composed of residents and staff from educational institutions, health institutions and social service agencies, had a more significant role during the early months of the initiative. As the planning year progressed, however, the residents' role became predominant, and a resident-only advisory committee began meeting in the fifth month of planning. It is charged with two primary responsibilities: to develop strategic plans for implementation and to assist Plain Talk staff in carrying out daily tasks crucial to the initiative.

III. OVERVIEW OF THE PLANNING YEAR

During the planning year, the lead agency in each site was expected to convene a core group of community residents and agency representatives. In conjunction with the project manager, the core group would be charged with:

- Conducting an intensive data collection effort ("community mapping"). Using research techniques and modified versions of instruments provided by the Foundation, as well as technical assistance from Philliber Research Associates (PRA), the core planning group was to gather information about the conditions in the community that are the targets of change: adult and youth attitudes, knowledge and behavior related to adolescent sexuality, and the contraceptive services currently available to youth. The planners are expected to use the findings from the community mapping as a tool to mobilize the community around Plain Talk and to guide the development of their implementation plans.

- Disseminating the community mapping results and engaging the community in a dialogue about the need to take action to protect sexually active teens from pregnancy and disease;

- Formulating concrete goals and objectives for Plain Talk and developing a Plain Talk message to deliver to the community; and

- Developing a three-year vision and a first-year plan for fostering communitywide changes in attitudes, behavior and services that would lead to a reduction in teen pregnancy and STDs.

During the planning year, sites were expected to hold a kick-off event to introduce Plain Talk to the community; recruit community mappers; conduct a community assessment; and disseminate findings among members of the team and the larger community. Sites were also responsible for submitting an interim report to the Foundation midway through the planning year and an implementation plan at the conclusion of the planning year. While the sites were required to accomplish all these tasks, they were given discretion in determining how they would do so. In addition, not all sites followed the same sequence. Some sites established a core group before conducting the kick-off event and doing community mapping, while others selected members of the core group from those who actively participated in community mapping.

The mandated planning activities often served multiple purposes. For example, while community mapping collected data about the target community, it also introduced residents to Plain Talk (both those who served as mappers and those interviewed) and in some cases, identified persons for the core group. Likewise, community mapping results were disseminated--and not only to inform residents of where their community stood. The packaging and

dissemination of that information also functioned as a strategy for building consensus, preparing for controversy and beginning to change community attitudes.

The Foundation has attempted to work in partnership with the sites. Their challenge has been to strike a balance between providing structure for the sites and allowing them to develop their own ideas and strategies.

The lead agencies and core groups received several resources from the Foundation to assist in completing planning-year goals. Three documents were provided: *A Strategic Planning Guide for the Planning Year*, which includes interim goals each community was expected to achieve during the planning year; *A Resource Guide for Plain Talk Communities*, which presents local and national facts on sexually active youth; and *Getting to Know Your Community: Tools and Techniques for Plain Talk Sites*, a guide that outlines how various community mapping tools can be developed and used.

Included in the *Strategic Planning Guide* is a checklist of 11 planning-year milestones, which served as a blueprint for the planning year and against which the sites were evaluated for receipt of implementation funding. These milestones are a combination of products that must be developed by the sites, courses of action the sites should take to achieve consensus, and specific groups that should be involved during the planning year. Examples of the milestones include understanding the community's attitudes and behaviors, effectively disseminating what is learned from community mapping, fostering communication with young people, and involving males in Plain Talk activities.

In addition to these written documents, Foundation staff conducted weekly telephone calls and periodic site visits--approximately once every three months for the first cohort, and every other month for the second cohort. Through these calls and visits, Foundation staff tracked the progress of each site and served as troubleshooters, furnishing active feedback and guidance if sites experienced difficulty.

Technical assistance provided by the Foundation was an integral part of Plain Talk. Each site had available up to 25 days of consultant time to utilize over the course of the planning year. The Foundation offered a menu of one- to two-day workshops and training sessions targeted to Plain Talk staff and planning teams, from which sites could choose according to their needs. These technical assistance offerings included:

- Training programs designed to develop the knowledge, attitudes and skills needed to address issues of sexuality with adults and youth in the community. Topics included human sexuality, HIV/AIDS prevention, gay, lesbian and bisexual issues, and celebrating cultural diversity.

- Training sessions designed to develop skills and strategies for doing community outreach. Topics included networking and collaboration, organizing community meetings and building community resources.

- Retreats designed to build and maintain community coalitions and partnerships. Topics included team-building, conflict and negotiation, long-term planning and leadership.

PRA worked directly with the sites to provide technical assistance for the intensive community mapping effort. They mailed copies of the various survey instruments to the sites so that the sites could make revisions based on local conditions (e.g., modify item wording). PRA staff provided on-site training to the community residents recruited to conduct the mapping, and remained on site to supervise the entire data collection effort. Finally, PRA staff analyzed the survey data and sent a report of the findings to each of the sites.

IV. INVOLVING AGENCY REPRESENTATIVES AND COMMUNITY RESIDENTS IN PLAIN TALK PLANNING GROUPS

One of the first milestones the sites were asked to reach was the establishment of a broad-based, representative core planning group or groups with responsibility for planning, organizing and carrying out the various components of the planning year. The planning groups were to be composed of community residents and agency representatives, a term that applies to professionals from agencies, organizations and institutions that serve the community.

INVOLVING AGENCY REPRESENTATIVES

The sites encountered no significant difficulty recruiting agency representatives into their Plain Talk planning teams.[2] Most lead agencies were well-known in their professional communities, and drew on their professional contacts and established networks to recruit a diverse group of agency representatives into Plain Talk.

The number of agency representatives on the planning teams ranged from 12 representatives from six agencies in Hartford, to 25 agency representatives in New Orleans. They represented a full range of service agencies at the state, county and community level, and in some sites, included local politicians and other public figures.

INVOLVING COMMUNITY RESIDENTS

Plain Talk staff had to spend considerably more time and effort recruiting community residents. Sites were expected to involve a group of residents that reflects the ethnic diversity of the community, to involve men as well as women, and to involve youth.

While most residents on planning groups were brought on board when the community mapping data collection effort began--generally in about the third month of the planning year--sites continued efforts to expand the base of resident involvement throughout the year. Over the course of the planning year, sites used a variety of strategies to recruit community residents. The following sections explore several of the most prominent strategies.

Tenant Associations

In Hartford and New Orleans, the primary source of residents for the core planning group was the tenant association or resident council of the housing development. (In Hartford, the tenant

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[2] San Diego did encounter initial difficulties, which stemmed from the fact that the agencies in this community have historically not collaborated, and in fact have often had to compete for scarce resources. The site's decision to offer key agencies a stipend for joining Plain Talk helped convince them that Plain Talk was willing to share its resources, and many initially reluctant agencies then agreed to participate.

association was one of the seven organizational "partners" on the Plain Talk team, while the St. Thomas Resident Council, STRC, was itself the core planning group.)

Working through a tenant association would seem to be an effective way for a site to gain access to a group of active residents who are representative of, respected by, and closely connected to their communities, and thus potentially able to involve other residents as well. However, the situation proved more complicated.

In particular, tenant associations did not give sites immediate access to adult male residents. In neither New Orleans nor Hartford were men active in the tenant associations. In public housing developments, it is common practice for men to live with their female partners without putting their names on the lease. As a result, they are not considered legal residents by the housing authorities, and thus cannot be members of the tenant association. In Hartford, the problem of recruiting men was exacerbated by a housing authority ruling that only tenants listed on the lease could receive reimbursement for their participation in Plain Talk. While one housing authority representative argued for the inclusion of male residents not on the lease, the rule remained in effect all year and continued to be a barrier to male involvement.

In New Orleans, the resident council brought a large number of active, committed residents to Plain Talk; however, this was not the case in Hartford. Hartford's tenant association was divided by internal factions, and only a few of its 25 members actually attended Plain Talk meetings. The association also suffered from a negative image in Stowe Village, whose residents viewed it as an arm of the housing authority, which is not well liked in the community. Moreover, the council membership is entirely African American, even though Latinos represent 50 percent of the resident population. Latino agency representatives said that Latino residents are reluctant to join Stowe Village groups dominated by African Americans. When Plain Talk became formally involved with the tenant association, the Latino residents may have felt that Plain Talk was a program for African Americans, and stayed away.

In sum, recruiting residents through tenant associations or resident councils is not always a feasible step. Whether a tenant association can serve to encourage resident participation or have the opposite effect depends on the degree of cohesiveness within the council and its status in the larger community.

Lead Agency and Staff Networks

In most of the sites, the lead agency had been a part of the target community for a number of years, and had established connections with community agencies, volunteer organizations and residents. Most agencies that became part of the Plain Talk teams were similarly well-established in their communities, and had ties to community residents. Several project managers had worked for years in the community, and they, too, had a network of contacts. Plain Talk staff in these sites recruited many of their first group of community residents through their own network of contacts and those of the participating agency representatives.

For example, in Indianapolis, the project manager recruited residents to planning groups using a mailing list of community residents who had participated in the lead agency's programs in the past. Similarly, many of the women on the planning group in Atlanta had formerly participated in self-help groups run by the lead agency. They brought their male partners and their children in as well.

Seattle's project manager had been on the school board, and had many connections in the community's dense network of volunteer organizations. To recruit residents to Plain Talk, he directly contacted individual members of these groups and invited them to join. In San Diego and Atlanta, the project managers asked their agency contacts to recommend key leaders in the community who might be interested in Plain Talk. This gave the San Diego staff access to a network of volunteers who provided outreach services to the target community, and who were well-known and respected by community residents.

This recruitment tool often drew residents who were leaders in their communities, who had experience participating in volunteer organizations, and who were well-connected to other community groups and resources. In many instances, their experience and connections were themselves valuable recruiting assets. For example, a few residents on the Indianapolis team who were active church members helped recruit youth groups from their own or other churches to help organize the Plain Talk kick-off event. San Diego's project manager told us that recruiting from the pool of volunteer outreach workers not only gave her better access to the community, but enabled her to involve residents who, because of their own work experience, would be more likely to stick with something as abstract as planning through the entire year.

Agency connections were also important in recruiting youth to Plain Talk. In San Diego, a peer-education program sponsored by the lead agency was the source of youth participants in the planning group. Similarly, Indianapolis recruited the participants of YouthBuild, a program that was part of their lead agency, to help organize the community kick-off event.

The limitation of this recruitment strategy was that the group of residents recruited in this way were generally not representative of all residents. Sites found they had to go beyond agency networks to bring in residents from other segments of the community.

Other Recruitment Strategies

Three other recruitment tools succeeded in bringing community residents to Plain Talk planning groups--word-of-mouth, Plain Talk-sponsored events, and the financial incentive of weekly or hourly stipends.

In all sites, participating residents brought other residents into the group. The project manager in Seattle told us that he felt word-of-mouth had been the most effective recruitment strategy in his site. Similarly, Hartford--as mentioned earlier, a site that had great difficulty recruiting members through other means--was able to increase the number of residents on its

team through the persistent efforts of its members, some of whom were able to bring friends and neighbors to planning meetings.

At various points during the year, sites held or participated in events to which community residents were invited. Most sites held a large community festival or kick-off event in which they introduced Plain Talk to the community and recruited residents for community mapping and planning groups. Both San Diego and New Orleans held forums in the community to discuss the results of community mapping surveys, and were able to recruit more residents at these events.

The San Diego site also took advantage of non-Plain Talk community events to recruit for its planning time. The Logan Heights community holds a number of information fairs during the year, and during these, the Plain Talk team spread the word about the initiative and recruited new members. Equipped with brochures explaining Plain Talk's goals and the major findings from the mapping surveys, booths were manned by current resident members of the Plain Talk core group, who would talk to youth and adults who asked for information, and would invite them to come to a planning meeting. We spoke to two residents who had been recruited at these fairs.

Offering a stipend to the residents--both youth and adults--for their work on Plain Talk also proved an effective incentive to join and to remain involved. Residents in each site received payments for conducting interviews for community mapping, and for participating in planning meetings and other committees. The fee schedule was often set by the resident group themselves. In talking to various individuals during our visits, we got the impression that the stipends were important not just in a financial sense, but because it elevated their status to one of paid employee rather than community volunteer.

DEEPENING INTEREST THROUGH COMMUNITY MAPPING

Giving residents the opportunity to participate in community mapping provided an excellent initiation into Plain Talk. For most residents on the planning groups, community mapping was their entry into Plain Talk. As mappers, the adults interviewed community adults and youth about their attitudes, behaviors, beliefs and patterns of family communication concerning sexuality and contraception. They drew maps locating the churches, schools, health care facilities and other resources within their community. Adolescent mappers conducted visits to local convenience stores to collect information on the accessibility of condoms and the reaction of vendors to their requests to purchase them. This effort involved residents in weeks of planning, training, strategizing and collecting data.

By all accounts, the residents found mapping to be a highly engaging learning experience that increased their understanding of their community and strengthened their commitment to Plain Talk. Many residents who participated in mapping during the early months of Plain Talk remained involved throughout the year.

One agency representative with whom we spoke was particularly positive about the effect of the mapping experience on the residents. She felt that it fostered a sense of resident ownership in the process and was an empowering experience. She has encouraged her own agency to adopt a similar practice in its community-based initiatives.

SEEKING GREATER DIVERSITY

The strategies used to attract community residents to Plain Talk planning groups were very effective in attracting women and youth. However, special efforts were required to secure the participation of men and ensure representation of all community ethnic and racial groups.

Gender Diversity

Our conversations with female residents who decided to join Plain Talk suggest that preventing teen pregnancy and sexually transmitted diseases is a compelling issue among women, particularly those who have teenage children. Many told us that they had been teenage mothers themselves, and wanted to help their daughters avoid the pressures and limited life options that accompany single teen motherhood. Even more than teen pregnancy, however, many women told us that fear that their children were putting themselves at risk for contracting HIV/AIDS was the primary reason they wanted to participate in Plain Talk.

At all sites except Atlanta, attracting men to the Plain Talk planning groups proved to be a far greater challenge. Several factors impeded male involvement. Tenant rules that can render male residents "invisible" tenants were discussed earlier, but there were psychological barriers to male involvement as well.

First, we were frequently told that men are generally uncomfortable about talking to their children--especially girls--about sexuality and contraception, and feel that it is the mother's role to do so. This attitude is particularly strong among Latinos. Various individuals told us that in Latino culture, it is not considered appropriate for males to discuss sexual issues within the family or in a public forum.

Second, preventing teen pregnancy and disease did not appear to be a priority issue among men in impoverished communities. Plain Talk staff in Hartford and New Orleans conducted focus groups to determine how better to reach males. The male residents in these focus groups revealed that the issues that most concerned them were unemployment and lack of job opportunities, not teen pregnancy or STDs.

Through persistent and savvy outreach efforts, Plain Talk staff in Indianapolis and New Orleans were able to increase the number of men involved in Plain Talk. When they realized that not enough men were applying for community mapping positions, Indianapolis's project manager and outreach worker went directly to neighborhood bars, restaurants and homeless shelters, and succeeded in convincing a few men to apply for these positions. Two of these men later joined the core planning group.

In New Orleans, a resident team member personally won the commitment of several young adult males. When she first approached these young men about getting involved in Plain Talk, she asked about their own needs and interests. When they informed her that they needed jobs and free medical exams, she worked with the housing authority to get some of them hired to do construction on housing units, and convinced the St. Thomas Health Clinic staff to give them free physicals. Having demonstrated her sincerity, respect and commitment to them, she succeeded in securing their involvement on the Plain Talk team. Later they brought 42 of their peers to one of the home health parties the sites held to discuss the results of their community mapping surveys. The young men told us they would like to coordinate activities for youth during implementation.

The history of resident empowerment, cohesiveness and interagency cooperation that characterizes the New Orleans community did much to facilitate this success in recruiting males. Its experience also suggests that initiatives seeking to recruit people whose lives are consumed with finding ways of meeting their basic needs might be more successful if they offer concrete assistance or referrals.

Atlanta was the only site that did not experience difficulties involving men in Plain Talk. Unencumbered by the disincentives created by housing authority rules, many female participants brought their male partners into the teams. Other men were recruited by one of the participating agency representatives. A staff member of the community's Parks and Recreation Center, he routinely came in contact with large numbers of men from the community, and was able to interest many in coming to Plain Talk planning meetings. Our conversations in Atlanta suggest that at least some of the men on the team are in somewhat better financial situations than the majority of men in the Hartford and New Orleans target communities. Thus, they may have been less burdened by the demands of seeking employment, and more free to focus on other pressing needs in their community.

Ethnic and Cultural Diversity

Among the six Plain Talk communities, Seattle, Hartford and Indianapolis are ethnically or culturally diverse. Plain Talk staff in these communities believed it was crucial that this diversity be reflected in their Plain Talk planning group. The benefits of doing so are obvious. Plain Talk deals with highly personal issues, and sites must tailor their Plain Talk messages and delivery strategies to the norms and values of the different cultural groups it seeks to reach. If Plain Talk is to succeed in getting into the home to change the way adults and youth communicate about sexual issues, it would stand to reason that Plain Talk messengers who are "closer" to those they are trying to reach would be more likely to understand how the message must be delivered and to gain acceptance.

In the three diverse sites, bringing in members of the diverse ethnic or cultural groups proved a challenging task, as sites struggled to deal with cultural and/or language differences. As discussed in the section on tenant associations, the reluctance on the part of the Latino population in Hartford's Stowe Village to join what it perceived as an African American program

illustrates how long-standing tensions can impede efforts to bring diverse groups together to plan a community-based initiative.

Language barriers were also difficult to overcome. The Southeast Asian adults in Seattle speak little English, and many Latinos in Hartford either prefer to speak in Spanish or are monolingual Spanish speakers. We learned that language differences affect intergroup relations as well as communication, and that providing translators might not resolve the whole problem. In focus groups conducted by Plain Talk staff in Hartford, Latino residents said that if they attended meetings where everything had to be translated into Spanish for them, they would not feel that they were on equal footing with the English-speaking participants, and might even feel embarrassed and ashamed.

Perhaps the biggest barrier faced in trying to attract a diverse group of members to Plain Talk, however, was the dissonance between Plain Talk's message and the values and norms held by members of these cultures. Stated simply, the less assimilated, more traditional Latino and Southeast Asian cultures regard premarital sex among teenagers as unacceptable. They tend to deny that it occurs in their community, and do not feel it is appropriate to discuss sex openly with their children. Accordingly, adults from these cultural groups were reluctant to become involved in an initiative that veered so far from their own views.[3]
The sites have devised a variety of strategies to bring harder-to-attract groups into Plain Talk:

Understand all target groups. Because so few Southeast Asian adults in Seattle responded to Plain Talk--many refused to complete community mapping surveys and only one adult came to a planning meeting--the project manager has decided she knew too little to develop an effective intervention strategy for this group. The site remains committed to involving Southeast Asians in Plain Talk (primarily because the youth survey indicates that their youth are sexually active), and plans to continue its efforts. However, site staff realize they will have to proceed very slowly, and have decided to focus on learning more about this community during the first year of implementation.

Convene separate groups. Seattle has convened a small minority task force headed by a Plain Talk staff person who is a Filipino woman. This group serves to introduce its members to Plain Talk and to discuss how the initiative can reach more members of minority groups in the community. Similarly, Hartford has decided to organize a Latino planning team headed by a Latino assistant manager, whose task will be to organize separate activities for the Latino community of Stowe Village. Both sites plan to merge these separate groups with the existing core group once the members feel comfortable with Plain Talk goals and processes.

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[3] While Plain Talk's message also conflicted with the values of San Diego's Latino community, this did not seem to interfere with resident recruitment. The likely reason is that Plain Talk staff in this site were themselves Latino, and were able to frame Plain Talk goals in terms of community values when approaching residents. While this seemed to help residents overcome their initial reluctance to becoming involved, however, the residents on this team still struggled all year to fully accept the Plain Talk message, as will be discussed in Chapter VI.

This strategy presents its own set of challenges (e.g., coordinating the initiatives, sharing scarce resources), and more time must pass before its effectiveness can be examined.

Integrate staff and do early outreach. Indianapolis was able to bring both white and nonwhite members of the community into its planning teams. Two interrelated factors seem to have contributed to this accomplishment: an ethnically diverse staff and intensive outreach efforts. While the project manager in this site is white, she hired as a community outreach organizer an African American woman with extensive experience doing HIV/AIDS outreach, education, and counseling in the community. During our site visit, she demonstrated an understanding of the community and a sensitivity in her approach to people that make it easy to understand how this site was able to convene an ethnically diverse group of residents.

SUMMARY

By the end of the year, all sites had established a core group of residents who regularly attended planning group meetings, participated in Plain Talk events, and were highly committed to Plain Talk. In Atlanta and San Diego, youth became members of the core groups, and attended meetings regularly. In other sites, they met separately with the project manager or a member of the Plain Talk staff at several points in the year to give their input on implementation plans and ways to involve other youth.

V. ESTABLISHING ROLES AND RELATIONSHIPS

The Foundation envisioned that residents and agency representatives would work in partnership with one another on Plain Talk. However, in most sites, the first months of the planning year were controlled largely by agency representatives.[4]

This was partly a consequence of the Plain Talk timeline. In most sites, agency representatives came on board before residents were recruited. Further, agency involvement was very high during the early months of the planning year because there was much to be done in getting Plain Talk started. Working closely with the Plain Talk staff during these early phases of the planning year, the agency representatives helped write the grant proposal to the Foundation, recruited residents to participate in the planning teams and community mapping, and organized the various components of the community mapping effort.

PROMOTING RESIDENT LEADERSHIP

The majority of the residents who joined Plain Talk planning teams did so some months after project initiation. Thus, most were brought into a process that was already dominated by agency representatives. When meetings brought together residents and agency representatives, many residents were reluctant to speak out and felt uncomfortable, even lost, in the language and process of professional discourse.

As the Foundation staff observed this development, they encouraged the Plain Talk staff to find ways of increasing resident leadership. One major obstacle to be overcome was that few residents on the Plain Talk planning teams--being largely from poor, disenfranchised communities--had opportunities to develop the experience, knowledge and confidence needed to assume leadership roles. Thus, the project managers, working with the Foundation, had to figure out how to move the work of the planning year forward while giving residents the time, space and training needed to develop their skills, to work through group process issues and to build their capacity as leaders.

We were able to identify two key practices that project managers developed over the course of the year that appeared to promote resident leadership and decision-making power: establishing a resident-dominated planning team with clear decision-making authority, and adopting a facilitative management style designed to build the confidence and capacity of the residents.

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[4] New Orleans was the exception to this. Through the St. Thomas Resident Council (STRC), the community residents in this site played a key leadership role in Plain Talk from the beginning. Because their leadership capacity was further developed through practices adopted by the project manager, these practices are included in the general discussion.

Establishing a Resident-Dominated Planning Group

The creation of a resident-only or resident-dominated core planning group with clear decision-making authority seemed a necessary precondition for real resident leadership. This was clearly illustrated by the experiences of Seattle and Hartford, where the planning teams were dominated by agency representatives and staff for at least part of the year. During this time, residents were subdued and reluctant to contribute to discussions in the planning meetings. Resident leadership increased only after the project manager formed a resident-dominated group.

Seattle

In the first two months of the planning year, Seattle's planning group, which numbered between six and 12 people, included few residents. By the third month, as recruitment efforts succeeded, a few more residents began coming to planning meetings. Plain Talk staff and residents reported, however, that meetings continued to be dominated by agency representatives. Two residents who had attended some of these middle-period meetings told us that the language used by agency representatives made them reluctant to get involved with Plain Talk, and that they believe it kept many newcomers from coming to a second meeting. One resident added that at these early meetings, "you could see the class differences. There was the agency clique and the project [Park Lake Homes] clique."

During the fourth month of planning in Seattle, the staff and some of the residents asked the agency representatives to scale down their presence at planning meetings. The agency representatives agreed, after which the number of residents in attendance increased dramatically (to about 22).

Soon after, acting on a recommendation by a Foundation staff member, the Plain Talk staff in Seattle convened a smaller, resident-dominated group. Composed of six residents, the Plain Talk staff and a representative of the Boys and Girls Club (which has continued to have an active role as a locus for recruitment and planning activities), this group has been designated as the primary planning team for implementation. It is chaired by two residents. Through this new team structure, residents have become more involved in decision-making and in planning, organizing and carrying out major Plain Talk tasks, such as development of the Plain Talk mission statement and redefinition of the geographic boundaries of the target community.

Hartford

In Hartford, too, the agency representative-dominated team structure interfered with resident leadership. This site had only one planning team, composed of six agencies and the Stowe Village Tenant Association. Because each agency sent two representatives, and few members of the tenant association came to planning meetings, the ratio of residents to agency representatives was very low in the first half of the year. As in Seattle, the residents were reluctant to

speak out at meetings because of what they saw as their comparative lack of communication skills.

This situation was further exacerbated by the formal decision-making process and division of responsibility that was adopted by the team from the beginning, and which remained in effect through most of the year. Each of the seven parties had an equal vote in decisions, which rendered the tenant association a minority voice in the process. Further, the lead agency had devised a plan in which work groups headed by agency representatives were assigned responsibility for specific parts of the planning year, such as the community mapping (from organizing data collection to disseminating findings), developing strategies to recruit males and Latinos, and developing an HIV/AIDS curriculum for implementation. While they were supposed to work closely with the residents on completing these tasks, they reported being unable to do so. One agency representative complained that he was not able to get in contact with the residents outside of the monthly meetings, and was therefore forced to complete the work without them.

By eight months into the year, resident participation had increased, but the residents remained frustrated with the pace of the planning process. They started to meet as a separate group with the project manager so they could begin to make their own plans for Plain Talk activities. By the end of the year, the site developed a new team structure, in which the resident team was the core planning group with full control over Plain Talk, and the agency representatives acted as advisors and consultants.

The experiences of Hartford and Seattle indicate how difficult it was for nonprofessionals to act as equal partners with professionals. Language and class differences tended to make the residents reluctant to express feelings and opinions in the presence of the agency representatives. In these sites, resident empowerment increased significantly when residents formed their own team and were given the authority to make decisions.

Adopting a Facilitative Management Style

Given the Foundation's request for greater resident leadership, and the relative inexperience of residents on the planning teams, the project managers had to find creative ways to maximize resident input in plans and decisions, utilize and develop their emerging talents, and build their confidence and leadership skills. We found that most project managers were experienced group facilitators, and met this challenge by managing the resident teams with skill and sensitivity. Some of the techniques they adopted are outlined here.

Guiding Without Dominating

We found that the project managers in the majority of sites tried to adopt the kind of management style that characterizes all good group facilitators: shepherding the process without dominating it. They were largely successful in this balancing act.

In our own observations of team meetings as well as in the comments of those whom we interviewed, we found that in developing ideas and plans for Plain Talk, the project managers would bring an issue to the table; outline the parameters of a problem or state the objectives of an activity; then engage the residents in discussion by soliciting their ideas, input, suggestions and feedback.

We saw or heard about several examples of this type of management during our site visits. A case in point occurred during a meeting of the residents' group in Hartford. The project manager explained that the team needed to devise an activity that would attract more residents to Plain Talk, and asked the group for their ideas on how to do this and their comments on her own suggestion. From this discussion emerged a decision to hold a series of community dinners. Once the team agreed to this idea, the project manager introduced the next step by asking what sort of entertainment they thought should be provided at the dinner. In this manner, the planning proceeded.

Commenting on this facilitative management style, one agency representative said it created an optimal balance: it provided structure, but remained open-ended enough to generate a lot of discussion and give the residents wide latitude to develop their own ideas. She said that she was going to try to adopt it in her own work with parent groups.

Putting Residents in Charge

Project managers also tried to put residents in charge of committees, meetings and special events whenever possible. In all sites, the project manager asked residents to head committees formed to work on such tasks as developing a Plain Talk logo, writing the mission statement or compiling a phone tree with which to recruit new residents. In San Diego, when a community event in which the team had decided to participate was coming up, the project manager would ask for volunteers to organize and run the Plain Talk table. In Indianapolis, the project manager had the team take major responsibility for planning the community kick-off event, while she coordinated their activities and made sure everything got done. In New Orleans, the project manager had the residents work with the Plain Talk community outreach person, herself a resident, in organizing small-group discussion sessions in over 75 homes, which they referred to as home health parties.

This strategy not only promoted resident leadership, but gave the residents a concrete way to channel their energy. Our conversations with residents and project managers indicated that residents sometimes became frustrated with planning for future implementation, and wanted to start doing something to get Plain Talk going immediately. Planning Plain Talk activities gave them the opportunity to do so, and gave them experience in planning and organizing large-scale events.

Training and Mentoring Experiences

Project managers and other Plain Talk staff also provided informal training or mentoring to help the residents develop their skills and confidence. In Hartford, a member of the lead agency worked closely with a group of eight residents, training them in interviewing techniques, accompanying them on their site visits to local health care facilities, helping them identify facilities that seemed good candidates for a close partnership with Plain Talk during implementation, and coaching them when they presented their findings to the full planning team. In New Orleans, one or two members of STRC accompanied the project manager when she made presentations so they could develop skills in presenting Plain Talk to outside agencies.

Plain Talk staff also provided resident planners with occasional reality checks. In Atlanta, for example, planning efforts sometimes lost their focus because of residents' desire to use Plain Talk as a way to transform the overall community. One agency representative told us the planning team had a tendency to view Plain Talk as a potential panacea for the many problems confronting their community: unemployment, drugs, crime, etc. The Plain Talk staff had to refocus the group periodically on interim steps and feasible goals.

Summary

Overall, efforts to adopt a facilitative management style and foster resident leadership appear to have succeeded. We found that the residents played an increasingly central role in the development of Plain Talk as the year progressed.

Residents played a major role in creating specific Plain Talk messages and mission statements. In Atlanta, for example, three youth on the planning team wrote a Plain Talk "rap" warning youth about the dangers of unprotected sex. They performed the rap at a community festival, and the team plans to use it in a video that will spread the Plain Talk message during implementation. The mission statements in Hartford, Indianapolis and Seattle were also composed by residents.

In Hartford, the development of the mission statement clearly reflected the residents' emerging authority. The residents composed the statement with the help of Plain Talk staff on the first day of a two-day retreat. When agency representatives joined the retreat on the second day, the combined group refined the message. On two occasions, agency representatives disagreed with the wording of parts of the statement, but the residents' opinion that their wording best reflected their wishes for the community prevailed.

Hartford residents in the core group also helped define the broad objectives and general shape of their implementation plan by suggesting that discussion groups be held during implementation so that adults and teens could talk freely about sexuality and other issues affecting their lives. Similarly, we were told that in San Diego, residents suggested the idea of approaching the community through door-to-door visits and in-home discussion groups, based on their

experiences in the community during the planning year and in their own previous outreach work.

While resident input was significant, however, it was Plain Talk staff who took basic ideas and organized them into a comprehensive, detailed plan of action. One Plain Talk staff member explained that while they had originally planned for the residents to develop detailed plans with proposed budgets, they found this to be beyond the expertise of residents, who generally had no previous experience with that level of planning.

The residents with whom we spoke reported being satisfied with the amount of input they had in formulating the implementation plan. One Atlanta resident told us, "[The project manager and lead agency representative] don't do anything without the group. The community has the final say. If we say no, it won't go." Similarly, one San Diego resident said, "Everything we have done has been voted on or discussed by the group." The lead agency representative in Hartford explained that Plain Talk staff had worked so closely with the residents during the year that they knew what the residents wanted to include in the implementation plan. The residents told us they shared this outlook, and trusted the Plain Talk staff to accurately represent their thinking in the plan.

IMPORTANCE OF THE PROJECT MANAGER

While we found that community residents played an increasingly important role in the planning process as the year progressed, we found that in all sites, the project manager was chiefly responsible for moving the planning-year work forward. The project managers identified the tasks that needed to be done; coordinated the efforts of teams and committees; and acted as liaison between agency representatives, residents, and the lead agency. They gathered and synthesized ideas from each party, and kept all parties informed of decisions. They facilitated team meetings, set the agendas, and generally provided the structure and direction that moved sites through the phases of the planning year. Sites whose project managers did not easily assume this central leadership and coordinating role made less progress through the planning year, and completed fewer planning-year milestones.

While most project managers adopted the type of management style and leadership development practices outlined earlier, one seemed to struggle with the project manager role. This person tended to make decisions without consulting the team, was unsure of how to work with residents, and hoped the Foundation would provide guidance. It turned out that this project manager was fairly inexperienced at group facilitation. Most other project managers had considerable experience facilitating groups or working closely with residents, and had developed their management styles over time. This alerted us to the fact that either project managers should be chosen for their group facilitation skills, or training and continual guidance must be offered to help them develop these skills.

DEFINING A ROLE FOR AGENCY REPRESENTATIVES

Over the course of the year, a general pattern emerged in most sites. As the effort to promote resident leadership intensified and sites strove to create a more resident-driven process, the role of the agency representatives shifted. Ultimately, there was confusion regarding what their role should actually be. While a few agency representatives remained highly involved--attending resident team meetings and retreats and providing advice and assistance to the Plain Talk staff on an ongoing basis--others decreased their involvement or seemed unsure how best to contribute to the planning process.

The situation that emerged in Indianapolis is a clear example. We visited Indianapolis not long after their resident team had begun to take on increased responsibility for planning. After the resident team had been established, attendance of agency representatives at monthly advisory council meetings had decreased significantly. Residents were concerned about this trend. During our site visit, we observed a meeting of the advisory council during which members of the resident team met with the agency representatives to try to restore their attendance and participation, and to define the advisory council's role in planning.

Residents asked the agency representatives to explain the decreased levels of participation among their colleagues. Among the reasons offered by those present was that their original role had changed. One agency representative explained that the advisory council had originally been convened to determine whether the lead agency should submit a grant proposal for the planning year. Once this decision had been made, the need for agency representatives to attend advisory council meetings had diminished dramatically. He added that because planning and implementation of Plain Talk were intended to be resident-driven, some agency representatives perceived that once the lead agency submitted their grant proposal, they had fulfilled their role.

Assured by the residents that their participation in Plain Talk through the planning year was essential to minimizing negative publicity and providing input to the resident team, the advisory council members agreed to improve their participation rates. Ultimately, a decision was reached jointly by the residents, the Plain Talk staff and the members of the advisory council that the latter would serve as a support to the resident team, providing resources and information as needed.

The perception that agency representatives lacked a clearly defined role in the group was echoed by an agency representative in Atlanta. While active in the early months of Plain Talk, she described her role during the remainder of the year as "minimal." She remarked that the role of the advisory council had not been clearly defined during the planning year, and that the agency representatives on the council were not certain what role they should play.

Her comments reveal her uncertainty regarding what the role of a professional who is a nonresident should be in a resident-driven initiative: "How can the advisory council really

support Plain Talk? I don't live or work in the community." When asked why she did not attend the weekly resident core team meetings, she reiterated her feelings of being an outsider: "It would feel like eavesdropping. I prefer getting the information from the project manager."

Plain Talk staff in San Diego also said they were somewhat disappointed with the degree of involvement of the agency representatives on their planning team. They noted that agency representative attendance at meetings decreased over time, and in some cases, stopped altogether. While acknowledging that a number of factors were responsible for the decreasing involvement, the staff felt that lack of clearly defined roles for the agencies was probably a contributing factor.

Creating a New Balance of Power

Despite their role confusion, most agency representatives remained committed to Plain Talk, and continued throughout the planning year to play an important, if somewhat indirect role. They also continued to spread the word about Plain Talk throughout their agency and professional networks, thus helping to build awareness and support for Plain Talk throughout the professional community.

Creating a true partnership between residents and agency representatives, however, proved more elusive. Most sites only partly succeeded in finding a way to give voice to community residents while fully utilizing the professional knowledge and experience of the agency representatives. The commitment to empower the residents may have had the unintended effect of marginalizing the role played by all but a few agency representatives in the various sites. As a result, their potential to contribute resources and expertise may not have been fully utilized.

This is not an easy task, and there are few precedents to provide guidance. By the end of the planning year, most sites had evolved a two-tiered structure in which a core resident team working with the Plain Talk staff assumed responsibility and ultimate decision-making authority over Plain Talk's development. Within this structure, agency representatives assumed the role of an advisory council that took its lead from the resident group and provided assistance and support as needed. It remains to be seen whether and how these roles will continue to evolve during implementation.

New Orleans was an exception to the general pattern of declining agency involvement. There, the balance of power between community residents and participating agency representatives came close to the Foundation ideal. Community residents controlled the Plain Talk initiative to a far greater extent than in the other sites, yet within this context, agency representatives continued to make significant contributions to planning-year activities and the implementation plan. They neither dominated the process, nor pulled back from it.

We believe that New Orleans was able to reach this point because years of community development efforts in the St. Thomas community had created an environment that made real partnership between agencies and the community possible.

The creation of STICC established a structure through which community residents could become involved in decisions that affect them, and make community agencies and institutions accountable to them. Further, the community has benefitted from the guidance of two consultants who have dedicated themselves for many years to building the community's self-sufficiency. These two individuals are members of the People's Institute for Survival and Beyond (a community development organization and member of STICC). They serve as the president and coordinator of STICC. They facilitate STRC meetings; help the council resolve leadership problems and expand its leadership base; and broker resources and help form coalitions to support the community's movement toward self-sufficiency. They also provide intensive, ongoing leadership development training to members of STRC, through formal (e.g., training workshops) and informal methods. Almost everything they do with the residents includes an educational or leadership development component designed to increase residents' understanding of the issues that affect their lives and their capacity for critical thinking and strategic planning.

Through their efforts, the St. Thomas community has made great strides toward self-determination and resident leadership, and has established structures and processes that give real power to residents. However, our observations of both STICC and STRC meetings indicate that there are still times when the resident members of STRC are reluctant to act on their own when dealing with professionals from outside agencies. In both meetings, we observed that the residents seldom contributed to the discussions, but allowed the two consultants to act as their advocates and speak on their behalf. On another occasion during our visit, the residents canceled a STRC meeting because the two consultants could not attend. The residents indicated that they might not feel comfortable moving forward on some issues without the direction provided by the two consultants.

Thus, in our judgment, while intensive community development efforts have worked to empower residents in St. Thomas, further work toward resident leadership will still require a great deal of support and assistance. This speaks to the enormity of the challenge facing Plain Talk--but also to the possibility for real change. Plain Talk has the potential to ignite a process that will lead to fundamental changes in the other five sites, and further the progress in St. Thomas. To do so, however, intensive capacity-building and training must be offered to both the residents and agency professionals throughout the initiative.

INVOLVING HEALTH CARE PROVIDERS AND CLERGY

Health care providers and local clergy are two groups whose participation and support in the planning year were seen by the Foundation as particularly important to achieving Plain Talk's goals. Because of their importance, separate discussions describing the involvement of each are warranted.

Involving Health Care Providers

A central goal of Plain Talk is to improve reproductive health care services available to adolescents in the community. The Foundation encouraged the sites to involve health care providers who are in a position to influence such services. Over the course of the planning year, all sites were able to engage health care providers who were supportive of Plain Talk and willing to work to find ways of improving the services they provide to youth. Some of the sites worked closely with the directors of local clinics to design specific changes in their services to youth, and to form coalitions of interested health care professionals. Other sites worked with providers in a more limited way. This section will describe the ways in which health care providers contributed to the planning process in each site.

In New Orleans, eight representatives from area health care agencies participated in Plain Talk planning groups. The team worked most closely with two service providers who are members of STICC, and whose agencies serve the community. The providers held focus group sessions with men in the community to see how their clinics can better serve their needs. They worked closely with the Plain Talk teams through a series of planning forums to develop specific strategies for improving the way reproductive health care services are delivered to sexually active youth in their agencies. These changes will begin during implementation.

In San Diego, the project manager worked closely throughout the year with the director and staff of the lead agency's own teen clinic in order to develop strategies for making services more accessible to youth. The project manager succeeded in her effort to have the clinic implement changes during the planning year, and was working hard to convince the clinic to become a model for service delivery to teens in the area.

The project manager in San Diego also involved the staff of the teen clinic and the director of the Boys and Girls Club, a member of the planning team, in discussions about opening a satellite teen clinic at the Club so that teens could receive contraceptives, pregnancy tests and other services at a site to which they have ready access. The director of the Club supported this idea fully, but plans were put on hold temporarily when he unexpectedly left his post. His replacement has expressed support of these plans; at year's end, however, Plain Talk staff were still unclear on when discussions would resume.

The Plain Talk staff have begun a dialogue with four other health care providers in the wider San Diego area whose services can be accessed by the local community. The staff initially invited these providers to fill out the service provider survey that is part of the community mapping effort. At this time, the Plain Talk staff initiated a discussion about the reproductive health services currently provided to teens in the area, and about the need to make these services more accessible and responsive to youth. The group began to explore the possibility of interagency collaboration to share resources and improve services. The Plain Talk staff plan to continue working with these providers during the first year of implementation to

develop an action plan for improving reproductive health care service delivery to youth in the area.

Atlanta's lead agency is itself a health care provider, and plans to improve its own reproductive health services for youth in the community. In addition, the center has established many links with other health care providers in the area; for its core and advisory planning teams, it was able to recruit staff from local clinics, as well as directors of adolescent health programs in the county and state health departments.

These providers kept their agencies up to date on Plain Talk throughout the year. Several worked closely with the Plain Talk staff to help them complete initial planning-year tasks, such as community mapping data collection, writing the original grant proposal to the Foundation, and resident recruitment. They also assisted the staff in bringing a group of providers from other area clinics together to learn about Plain Talk and fill out a survey about their services (part of community mapping).

While health care providers in Atlanta were instrumental in helping Plain Talk staff complete several milestones unrelated to health care services, it was difficult to ascertain the extent to which the Plain Talk staff have worked with them to develop concrete strategies for service delivery reform. The director of the teen health clinics for the county, who has been very active in Plain Talk from the outset, told us that she has been thinking of ways to bring service delivery in her teen clinics more in line with Plain Talk goals and philosophy. However, our conversations with another provider on the team gave us the sense that the Plain Talk staff have not had time during the planning year to hold meetings with the health care providers to develop these or other ideas because their energy has been devoted to developing teamwork among the members of their large, resident-based core planning team.

In Indianapolis, staff from the county health department and its Planned Parenthood clinic, as well as the director of the local health clinic, were on the Plain Talk advisory council. Over the year, these members provided instrumental support and assistance as needed. For example, one of the providers helped the Plain Talk staff review the community mapping results with the resident team. Another provider accompanied the resident team when they introduced Plain Talk to the lead agency staff, and was very helpful in clarifying staff members' misconceptions and concerns about Plain Talk's mission (e.g., that Plain Talk promotes abortion or is a condom distribution effort).

The resident team and Plain Talk staff did not work directly with these providers to develop strategies for improving services to teens, however. Rather, the team designed a strategy for improving service delivery to youth at the local health clinic based on information about current needs provided by team members who work in the clinic, then presented this plan to the clinic's director. The director, an active and supportive member of Plain Talk's advisory council, has agreed to review the feasibility of implementing these plans in his clinic.

Seattle included the director of the one health clinic that serves the target area on its advisory group. However, once the resident team was established, the participation of the advisory group in the planning process decreased. Implementation strategies, including plans for training health clinic staff in communication skills and adolescent sexuality, were developed by the resident team and the Plain Talk staff. Only after these plans were developed were health care providers brought into the process and asked for their feedback and support. At that time, the director of the health clinic endorsed the team's plan, and agreed to release the clinic staff for the training.

Hartford was the only site that included no health care providers on its planning team. Concerned that health providers might dominate the planning process, the lead agency decided to wait until the planning team worked out its own ideas for improving services before approaching the providers. However, one agency representative believed that as a result of the decision not to include health care providers in the early stages of planning, the team had no means of developing relationships with health care agencies or designing a model for improving service delivery.

During the last month of the planning year, the team in Hartford began to contact local providers. Residents, under the supervision of a member of the lead agency, visited local health care agencies and interviewed members of their staff. These activities were part of the community mapping effort, but had been delayed until the end of the year. Through these visits and interviews, the team was able to identify two agencies that were responsive to Plain Talk, and plans to pursue relationships with these agencies during implementation.

It is difficult to determine whether sites whose lead agencies are themselves health care providers are in a better position than other sites to involve other providers in planning services. Certainly, Atlanta was able to call on a wide network of contacts in the health care field to bring providers into Plain Talk. Moreover, having a clinic "in house" may provide the site with a place in which to develop and implement a model for service delivery based on Plain Talk ideas. Such access may have facilitated New Orleans's progress. Both of the clinics that participated in developing service delivery plans were members of the lead agency, and thus were highly supportive of Plain Talk and anxious to improve their services to the community.

Still, while the potential to develop one's own clinic into a model for Plain Talk is there, there are no guarantees. Despite the fact that San Diego's lead agency has a teen clinic, persistent effort by the Plain Talk project manager was required to convince the clinic staff to implement changes that would make their services more accessible to youth.

It does appear to be advantageous for a site to start working with health care providers in the early phases of planning. Because it opted not to do so, Hartford reached the end of the planning year without having established close working relationships with health care agencies, and will have to spend the early part of the first implementation year doing so.

We felt that the community mapping process, which included a survey of local health care agencies, helped sites begin a dialogue with area providers outside of their immediate network. Atlanta and San Diego used the surveys as an opportunity to bring area providers together to discuss the possibility of working together to improve health care services. In Hartford, the surveys proved to be the means by which the planning team was finally able to identify supportive providers with whom it could work.

Involving Clergy

Because Plain Talk's emphasis on contraception as an effective way to prevent teen pregnancy and disease runs counter to the values and teachings of many religious groups in this country, the Foundation anticipated that local clergy might oppose the Plain Talk message and thus impede its acceptance by the community. Alternately, the endorsement of clergy would do much to further Plain Talk goals. Thus, the Foundation advised the sites to enlist the participation of local clergy whenever possible. Their efforts have met with a range of responses from clergy, including active support, ambivalence and opposition.

In New Orleans and Indianapolis, clergy have been actively involved in Plain Talk. The project manager in New Orleans was able to enlist a prominent, highly respected female minister as the chair of the site's advisory council (a group of agency representatives and other professionals). This minister is very active in AIDS programs and advocacy in the area, and is potentially a very valuable resource for this site. Having been asked to join Plain Talk because of her success in involving churches in community affairs, she has already convened a group of church representatives to discuss Plain Talk, and will continue her attempts to bring churches on board during implementation.

The religious community is a major influence in the Near Eastside in Indianapolis, and clergy from several local churches have been involved in Plain Talk during the planning year. The director of the lead agency, ECI, explained that, had the planning year not included the Roman Catholics and conservative Christian clergy, "it would have left a significant portion of the community out of the talking."

Several clergy members, as well as church-affiliated individuals, sit on both ECI's board of directors and the Plain Talk advisory council. The majority have been highly supportive of Plain Talk, and a few played key roles in winning support for Plain Talk in the community. For example, one pastor delivered a sermon from her pulpit in favor of Plain Talk. Another heads an alliance of local ministers that meets on a monthly basis. He has informed members of the alliance about Plain Talk, and both he and the Plain Talk staff view this alliance as a forum through which negative perceptions of Plain Talk in the religious community can be addressed.

One of the Roman Catholic priests and two or three Catholic church members on the ECI board and the Plain Talk advisory council were initially opposed to ECI's becoming the grantee for Plain Talk. Despite their reservations, however, they continued to participate in

Plain Talk planning meetings and discussions. Their concerns increased when it became clear that the Plain Talk message would not stress abstinence. The priest, in particular, while acknowledging the need to protect sexually active youth against the risk of disease, said he could not support a program that advocated the use of contraceptives. The continued opposition of these board members was a major factor in ECI's decision to step down as lead agency once the planning year ended.

The reaction of clergy in Atlanta and San Diego reveals a similar dilemma. While they say they are deeply concerned about the high levels of teen pregnancy and HIV/AIDS in their communities, they feel constrained by their superiors, their congregants or their own values from publicly advocating contraceptives for teens. In these two sites, the clergy of prominent churches, while highly supportive of Plain Talk, were reluctant to participate actively.

In Atlanta, the project manager was able to win public endorsement of Plain Talk from the minister of a prominent local church, an endorsement delivered at a community fair early in the planning year. This was a significant accomplishment for the team and was considered important to the community's acceptance of Plain Talk, even though this minister did not subsequently become active in Plain Talk planning meetings or activities. Talking to us about Plain Talk, he admitted that while he himself supports Plain Talk goals, he could not stand up and preach Plain Talk from his pulpit because many people in the congregation would be resistant and would refute him. His subsequent comments suggested that rather than attempt to build community support from his pulpit, he would wait until Plain Talk became "stronger and more accepted in the community" before speaking out.

In San Diego's Plain Talk community, which is predominantly Latino, the influence of the church is particularly strong and very traditional views hold fast on teen sexuality and contraception. Despite this, the Plain Talk staff made considerable gains in involving a local Catholic church. Highly committed to helping stop the spread of HIV/AIDS in the community, this church sponsored an AIDS Awareness Day, during which the Plain Talk project manager gave a presentation about the initiative. The other Plain Talk staff member considers this presentation to be one of the major achievements of their Plain Talk team during the planning year. While this church sent a lay representative to be a member of the site's core planning team, its clergy found themselves in an awkward position when asked by Plain Talk staff to publicly endorse the initiative. They responded that they personally support Plain Talk and see an urgent need for it in their community, but that its lack of strong explicit support for abstinence meant that an endorsement on their part would bring them into conflict with their own superiors. They assured the Plain Talk staff that while they cannot publicly endorse Plain Talk, they will support it among their congregation, and will continue to send the lay representative to planning team meetings.

To summarize, a few sites were able to win the active involvement of prominent clergy, many of whom cited the need to respond to the AIDS epidemic as a major factor in their decision to embrace the Plain Talk message. Other clergy approached by Plain Talk were personally supportive, though reluctant to give a public endorsement. A few felt they could not support

the initiative once it became clear that Plain Talk would not stress abstinence as a primary prevention strategy.

VI. SEEKING CONSENSUS WITHIN THE PLANNING GROUPS

As a community-based initiative, Plain Talk is being developed by and for those who live and work in the community. However, while it maintains an open-ended, bottom-up approach to planning, the Foundation has set Plain Talk's basic goal: to reduce rates of teen pregnancy, STDs and HIV/AIDS by actively encouraging sexually active youth to use contraceptives. Strategies for achieving this goal are to be planned and implemented by the individual communities.

During the planning year, the sites were expected to begin to build consensus around this goal in the planning teams, then in the community at large. Because the team members will bring the message to others in the community during implementation, the Foundation believed creating a shared vision of Plain Talk within the core planning teams to be crucial to the success of the initiative. Without such a shared vision within the team, it was felt that the message of Plain Talk would be diluted in the community. And, the "messengers" of Plain Talk must be committed to its goals if they are to be effective in convincing others to adopt them. This is especially important given the controversial nature of Plain Talk goals and the likelihood that they will meet with resistance in at least some segments of the community.

To start the process during the planning year, the Foundation asked each team to formulate a shared vision of the goals and mission of the project, and conducted workshops in which consultants worked with the teams to develop official mission statements. While not a specific requirement, many sites developed slogans or logos encapsulating their Plain Talk message, which they introduced to the community at large and put on their promotional materials.

We found that the members of the planning groups generally agreed with Plain Talk's ultimate objectives of reducing rates of teen pregnancy and STDs, and were highly supportive of the Foundation's community-driven approach. However, getting group members to acknowledge the prevalence of sexual activity among teens and support contraception as the primary remedy proved more troublesome.

Not surprisingly, we found that the most frequently mentioned points of contention concerned the issue of abstinence. Planning group members frequently asked whether Plain Talk should promote abstinence as well as contraception as a way in which youth can protect themselves, and whether Plain Talk should support youth who are not sexually active in their decision to remain abstinent.

While planning groups in each site discussed these issues, their salience varied across sites. In some sites, the issue produced little heat; in others, debate continued throughout the year. When there was resistance to Plain Talk goals, sites handled it in very different ways. The following sections illustrate the ways consensus-building occurred among the planning groups in the various sites.

SITES MEETING MINIMAL RESISTANCE TO THE PLAIN TALK MESSAGE

In Atlanta and Hartford, reaching consensus on Plain Talk goals within the planning groups did not appear to present a problem. (An exception to this was a minister in Atlanta who was reluctant to continue his active involvement in Plain Talk or advocate its message from his pulpit.) In these sites, there were early discussions about the definition of a sexually active teen (e.g., should victims of rape and incest be included in this category) and how the Plain Talk message can include support for youth who choose not to be sexually active. However, the issues seem to have been quickly resolved, and the group members did not appear to have a problem accepting Plain Talk goals. The mission statements developed by these two sites reflect their endorsement of Plain Talk's focus on protecting sexually active youth.

Hartford's mission/vision statement reads: *[Our vision for Stowe Village is] a strong community where every young person understands their sexuality, practices risk-free sexual behavior and lives to become a productive, healthy adult. [Our Plain Talk mission is] to create and sustain a friendly and open environment responsive to the reproductive health service needs of sexually active adolescents; assuring they are protected against becoming teen parents and getting sexually transmitted diseases, especially HIV/AIDS.]* Similarly, the Atlanta team made shirts and buttons with the phrase: *Plain Talk: a community strategy to help our sexually active teens protect and respect themselves.*

In New Orleans, two members of the advisory council had strong reservations about Plain Talk's emphasis on contraception as prevention. One member left the group and tried to start a parallel teen pregnancy prevention program based on an abstinence model. She did not receive support from the community, and the attempt ultimately fizzled without posing a threat to Plain Talk. Another member opposes distributing condoms to teens and believes Plain Talk should stress abstinence. However, he has chosen to stay in the group, because he feels that he has been able to express his "conservative positions and still be accepted by the group." Otherwise, planning group members appear to have endorsed Plain Talk's emphasis on sexually active teens and contraception.

In Seattle, team members expressed minimal resistance to the basic goals of Plain Talk. However, the team did have some difficulty dealing with diverse viewpoints within its team. Advice from the Foundation seems to have helped the core planning team develop a more constructive way of dealing with diverse opinions. Observing that several team members were making "judgmental" statements about teen sexuality during a meeting to develop their mission statement, a visiting Foundation staff member advised the project manager to hold a values-clarification workshop to allow team members to bring their own and others' personal views out into the open and explore them further. The project manager reported that the workshop was helpful. It allowed the group to express their values regarding teen sexuality openly and to see their great diversity. She felt that they learned how to express their differences more effectively, and how to acknowledge and respect their differences.

We feel that the relative lack of opposition to Plain Talk goals within the planning groups in the four sites detailed here was in part due to the homogeneity of their teams, and the lack of dissonance between the group's values and those of Plain Talk. In addition, we hypothesize that Hartford and Seattle would have had more of a struggle getting consensus if they had been able to recruit more Latinos and Southeast Asians onto their planning teams, since both of these cultures strongly disapprove of premarital sex and birth control. Thus, while these two sites were able to forge a consensus and move ahead with relative ease, this may have happened because not all voices were heard.

This may have troubling implications for implementation: the teams were unable to engage in a dialogue with members of the community whom they are committed to reach, but whose values differ from those of the members of the planning team. Out of such a dialogue could come a fuller understanding of opposing views, and insight into ways of addressing them when going out into the community with the Plain Talk message.

SITES MEETING SIGNIFICANT RESISTANCE TO THE PLAIN TALK MESSAGE

In both San Diego and Indianapolis, achieving consensus and commitment to Plain Talk goals within the planning groups proved very difficult. Both of these sites were in communities in which the prevailing values did not match with those of Plain Talk, and the struggle was long and sometimes painful.

San Diego's target community and planning team are both predominantly Latino. While the levels of acculturation vary among team members, their values remain strongly influenced by Latino culture. In Latino culture, sex is not spoken of openly in the family, and youth are expected to abstain from sexual intercourse until marriage. Both residents and agency representatives told us that because of these strong sanctions, adults tend to deny or ignore the problem. Thus, it is not surprising that getting the resident team members to accept Plain Talk goals presented a great challenge to the Plain Talk staff.

There was general agreement that it was initially very difficult for the residents on the team to accept the fact that many youth in their community were engaging in sex. The results of the community mapping broke through their denial by showing in no uncertain terms that large numbers of youth were having unprotected sex that put them at risk for HIV/AIDS. This was an emotional awakening. The Plain Talk staff reported that the adults reacted with a profound sense of sorrow to the results because they felt that the children were turning away from their culture and from their families. However, the staff reported that the survey results also led the team members to accept the reality of teen sexuality, and deepened their commitment to Plain Talk as a way to help the community's youth.

While this was a crucial turning point for the team, it did not mark the end of their discussions about Plain Talk goals. These discussions continued through the end of the planning year, as the deep-rooted preference for abstinence and the desire to sugarcoat the Plain Talk message resurfaced repeatedly. Speaking from his own experience, one agency representative

suggested that such deeply rooted ways of thinking can be changed only through an "ever-shifting dialogue." The project manager herself described her work with the team as an "ongoing educational process" through which she repeatedly revisits the Plain Talk goals whenever the team members seem to lose sight of them.

One incident illustrates the need for continual dialogue. About nine months into the planning year, the team was preparing to march in a community parade. A young man who had been an active member of the planning team brought the banner he had made for the parade to a team meeting. It read: "Plain Talk: Say no to sex." Pointing to the discrepancy between the message on the banner and the Plain Talk message, the project manager initiated a two-hour team discussion about the goals of Plain Talk and the message they needed to communicate to the community to reach these goals. At the end of the discussion, the group convinced the young man to make a new banner that would read: "Plain Talk: Say no to AIDS." That this incident occurred so late in the planning year shows the difficulty team members have in fully embracing the Plain Talk message, especially when faced with potentially negative reactions in the larger community.

Besides encouraging regular discussion in a supportive group atmosphere, the project manager has used another tactic to facilitate residents' commitment to Plain Talk. She expresses Plain Talk goals in values that the Latino culture embraces--strong family ties and the responsibility of parents to nurture and protect their young. This is reflected in the logo she developed for the project. It shows two parental figures surrounding a youth, and the slogan reads: "Plain Talk: With Love and Respect." This approach seems to have helped the residents come to see Plain Talk as a way for them to carry out their roles as parents.

By all accounts, the Plain Talk staff in San Diego have succeeded in moving team members from their initial reluctance to a gradual acceptance of Plain Talk and a commitment to being its messengers in the community. The individuals with whom we spoke said that while they would prefer that youth abstain from sex before they marry, they recognize that this is not realistic. They are willing to put aside their personal feelings for the sake of protecting their children from early pregnancy and exposure to HIV.

One team member's comments typify this view. She explained that while Plain Talk is contrary to her personal and religious beliefs, which are that young women should "save themselves for their husbands," she believes that those who don't must learn about AIDS and how to protect themselves. She believes that parents must learn how to talk to their children about sex, disease and condoms, and that it is the job of the Plain Talk core group to slowly educate parents that their children might die if they don't start "talking Plain Talk to them." She said, "This is what I learned to accept this year in Plain Talk."

The strong influence of conservative churches in the Near Eastside in Indianapolis has made it difficult to reach consensus about Plain Talk goals. The primary issue in contention is the extent to which abstinence should be included among the objectives.

When the Foundation initially approached ECI to apply for the Plain Talk planning grant, ECI's director convened a 25-member advisory council, composed primarily of members of its board of directors, to decide whether the organization should submit a proposal to become lead agency. Although most of the board members voted for the idea, four Roman Catholic members expressed concern over Plain Talk's focus and voted against it.

ECI's director decided to apply for the planning grant. Looking back on this decision, one Plain Talk participant hypothesized that the director and the board may have agreed that ECI would be lead agency during the planning year, but would reconsider its role once Plain Talk's implementation goals became clearer. This individual believed that the ECI director hoped that the opposing minority would eventually support Plain Talk, while the four opposing members hoped that Plain Talk would adopt a strong abstinence message that they would be able to support. Whatever the case, ECI began its role as lead agency without the full endorsement of its own board, and its director has had to struggle with the dilemma of how to address the concerns of these church-affiliated board members while planning an initiative that focuses on sexually active youth and contraception.

As coordinator of the resident team, and liaison between this group and the advisory council, the project manager has had to deal with this dilemma as well. Several members of the resident team are congregants of local churches who hold strong beliefs concerning the unacceptability of sexual activity among teens. Our sense is that the project manager anticipated objections to the explicit goals of Plain Talk from the start, and has viewed acceptance of these goals as a gradual, ongoing process.

To build consensus among the disparate opinions represented on the resident team, she has tried to keep the discussions about goals as open and inclusive as possible. In the official mission statement, which was developed early in the planning year by a group of residents and agency representatives facilitated by the project manager, Plain Talk goals are stated very broadly: "Plain Talk is a process focusing on how our community deals with teen sexual behavior; it is an ongoing dialogue among all people of our community to encourage responsibility, respect and values." We believe the decision to keep the statement noncontroversial at this early stage allowed the discussion to continue without alienating anyone until a clearer definition could emerge through consensus.

In their work with the resident team, the project manager and her staff try to "meet people where they are," rather than impose a point of view. They have consistently encouraged participants to speak openly about their differences of opinion, and they try to keep those who object to the message engaged in the process of planning. As a result, Plain Talk goals have been gradually defined and all participants have been invited to give their input.

This open-ended, inclusive strategy seems to have paid off in the resident team. Disagreements between residents over whether to emphasize abstinence as a Plain Talk objective have gradually given way to a collective agreement that Plain Talk's focus should be to protect youth who are sexually active. In spite of their personal convictions against premarital sex,

the church members in the group have gradually accepted these goals as well. One resident explained that while she has had to separate her own opinions from the goals of Plain Talk, she has come to accept these goals through discussions with other group members. Ultimately, the group decided that Plain Talk could support youth who choose abstinence, while promoting safe sexual practices and contraception for sexually active youth.

While continuous discussion among the resident group members has enabled them to agree that Plain Talk will focus on sexually active teens and contraception, a minority of the ECI board remained opposed to this. Torn between his personal commitment to Plain Talk, and his accountability to his board, the ECI director tried to find ways to accommodate both. For example, he suggested that Plain Talk offer a menu of messages for young people, and allow different community groups and agencies to choose those messages they feel comfortable supporting. However, the resident team feels that a single definition of Plain Talk is needed so that their message has clarity and consistency.

The director has also been cautious in supporting Plain Talk activities that are potentially controversial. For example, we were told that Plain Talk staff have not been allowed to distribute condoms to teens on lead agency premises. One Plain Talk staff member was concerned that this effort to avoid controversy would ultimately undermine Plain Talk.

At the end of the planning year, when the resident team submitted its implementation plan to the advisory council, it became clear to the opposing members of the ECI board that Plain Talk was not going to include a strong abstinence message. We were told that, while they supported Plain Talk, the board did not feel that ECI was its proper home, and the agency decided not to continue as grantee after the planning year, thus leaving the site without a lead agency for the implementation phase.

This decision has brought the site to a virtual standstill. The Foundation has withheld funding for the first year of implementation, and has allowed the site three months to find a new lead agency. If the Foundation approves the new lead agency, the site staff will be given a six-month extension of the planning year to improve their implementation plan, which was also not considered fundable in its present form--most likely a casualty of the turmoil within the site. Additionally, the three members of the Plain Talk staff, including the project manager, have found other jobs, and the site will have to start over with a new staff. In short, at the end of the planning year, this community's future as a Plain Talk site remains uncertain. If it ultimately moves into implementation, building consensus among its various constituencies will undoubtedly remain a major challenge.

LESSONS IN BUILDING CONSENSUS

After reviewing the experiences of the various sites, we draw the following lessons:

- Building consensus around Plain Talk goals is much more complicated in communities with numbers of conservative religious groups and/or ethnic minorities, many of whom deeply believe that teens should abstain from premarital sexual intercourse.

- The progress made by the core planning groups in San Diego and Indianapolis in reaching consensus about Plain Talk goals indicates that it is possible to turn initial doubt into acceptance and commitment, and finally into a desire to go out into the community to convince others of the need to make a similar change. Still, moving people from resistance to commitment is a gradual, ongoing process that requires continual dialogue in an atmosphere that encourages people to voice their opinions and objections freely and openly. Indianapolis's experience demonstrates, however, that there are limits to the degree to which people can accommodate perspectives that differ sharply from their own.

- Findings from the surveys of community adults and youth proved effective in breaking down denial of the prevalence of sexual activity among teens in the community, and convincing adults that their continued avoidance of the problem could place youth at greater risk of pregnancy and disease.

- Shaping (but not changing) the Plain Talk message to appeal to community values appeared to help team members make a connection between their own values and those of Plain Talk. Thus, the team members in San Diego were able to see that adopting Plain Talk could help them act on their desire to nurture and protect their youth.

- Accommodating alternative views without altering the basic message also may help win consensus. Framing the message in terms of helping youth make responsible, healthy decisions, or in terms of encouraging those youth who choose to be sexually active to protect themselves, is one way some sites found to acknowledge abstinence while encouraging contraceptive use among those who choose to be sexually active.

- While time-consuming, building consensus through inclusive, iterative processes has definite benefits. Casting a wide net and encouraging people with opposing views to remain involved enables sites to retain participants who might otherwise drop out or not engage in the process. While those with the strongest opposition might eventually fall away, others will gradually accept the Plain Talk message.

  Creating an environment that welcomes the expression of opposing views seems to help people who hold them to accept the Plain Talk message without having to abandon their own views. Through discussion in a supportive atmosphere, people come to recognize that while their personal beliefs are valid and acceptable, they must be put

aside for the sake of protecting youth. Thus, the team members in San Diego seemed able to separate their personal beliefs from those of Plain Talk while embracing both.

- The temptation to work with people who are most sympathetic to Plain Talk goals rather than work to change the thinking of those who oppose them should be avoided. In the long run, it is likely not helpful to encourage consensus by invoking the Foundation-established goals as a "given" around which there is little room for debate. Consensus won without dialogue might only be conformity, and thus might not gain the internal commitment that will be necessary to stand up to controversy during implementation.

- The effectiveness of consensus-building efforts varied according to whether the source of opposition to Plain Talk goals were residents or representatives of agencies or institutions. While residents were able gradually to accept Plain Talk's focus by separating their personal beliefs from the goals of Plain Talk, representatives of churches and other agencies with strong opposition to Plain Talk were more problematic, largely because they must remain accountable to their institutions as well as their own values.

- The process of building consensus among the planning groups mirrors what will happen when they go out as messengers. That is, they are likely to meet the same doubt and resistance they themselves felt or had to argue against within the group discussions. Having heard or voiced the arguments, they will be in a better position to address similar arguments when confronted with them in the community.

VII. MOVING INTO THE COMMUNITY

Underlying Plain Talk is the hypothesis that sexually active youth will be more likely to use contraception if they receive clear and consistent messages encouraging them to do so. Thus, building consensus among community adults is considered a major objective. Sites were expected to begin building this consensus during the planning year by introducing the Plain Talk message and beginning a dialogue with community adults that would lead them to the attitudinal and behavioral changes advocated in that message.

This section will explore the progress sites made in building awareness and support for Plain Talk in the wider community. It is beyond the scope of this study to gauge the impact of the sites' consensus-building efforts, since we did not measure the community's response or the extent of community awareness and support. Therefore, this section focuses on describing the level of intensity and the means by which the sites began their message diffusion activities in the community, and discussing the benefits gained as a result.

INTRODUCTORY ACTIVITIES

For most people in a Plain Talk target community their first introduction to the initiative came through a kick-off event and a survey of community adults and youth. Most sites held a Plain Talk community kick-off event early in the planning year. In Hartford and Atlanta, the kick-off event was part of a communitywide festival in which a number of community organizations gave presentations; other sites staged their own introductory event.

The purpose of the kick-off event was to introduce the community to the Plain Talk mission. In some sites, the event was also used to prepare the community for the surveys that adults and youth would be asked to complete in the coming weeks, and to recruit people to conduct the surveys and participate on Plain Talk planning teams.

Sites' description of their kick-off events indicate that they were enjoyable, festival-like activities that were well-attended. The kick-off events in Indianapolis and Atlanta were particularly noteworthy, as Plain Talk staff were able to immediately win strategically valuable support. At their kick-off, Plain Talk staff in Atlanta were able to convince the minister of the largest and most prestigious church in the neighborhood to publicly endorse Plain Talk--an endorsement that this site felt was key to creating a positive image for Plain Talk in the community.

Indianapolis's kick-off event was attended by over 400 adults and youth, and the planning team used the event to familiarize the attendees with the community mapping surveys and the types of questions they would be asked. To make it fun as well as informative, the team chose to present sample questions through a quiz show format. Given the controversial nature of Plain Talk, and the conservative influence in the community, this strategy may have helped Plain Talk gain a foothold in the community by dispelling at least some of the residents'

initial skepticism and distrust. At the very least, the kick-off event seemed to help the Plain Talk team win access to adults who might otherwise have been reluctant to complete a survey concerning teen sexuality and how they discuss sexual issues with their children. When the mappers did go out to conduct the adult survey, few people refused to be interviewed.

Indianapolis also used the kick-off event to begin building relationships with various forces in the community--e.g., two community youth groups were enlisted to cook food, and a local disc jockey was brought in to run a dance.

Community mapping itself also served to introduce Plain Talk to the community. Between 300 and 500 adults, and between 300 and 700 youth were surveyed in each site. When the mappers explained the reason for the survey to the respondent, they took the opportunity to explain the purpose of Plain Talk as well. In some sites, mappers wore T-shirts or buttons emblazoned with a Plain Talk logo, which helped Plain Talk establish itself as an entity in the community.

A few sites further used this activity to strategic advantage by building on the interest generated by the survey to begin building relationships with community residents. In San Diego, for example, mappers collected the names and telephone numbers of respondents who expressed interest in the initiative. The site later invited them to attend community forums at which the survey findings were presented. Seattle also collected names during mapping, and plans to follow up by inviting the people on the list to future events.

BUILDING COMMUNITY AWARENESS

Beyond the kick-off event and the adult and youth surveys, each site was expected to develop strategies for building community awareness and support for Plain Talk during the planning year. The process of building support was carried out on two fronts--with the adults and youth who live in the target community and will be the focus of Plain Talk, and with the professionals in agencies and institutions in the neighborhood and in the larger community--e.g., city councils, area hospitals, county and state health departments. Some of these bodies might be directly involved in implementation, but most will be needed to support the initiative more indirectly by, for example, increasing access to resources or providing public relations assistance.

While all sites moved out into the community to some extent, we found considerable variation in both the intensity and the scope of their efforts. Some sites reached out to diverse groups, while others focused more narrowly. In Atlanta, for example, a wide network of members of the professional and political community were informed about Plain Talk, but the site launched only one or two small events in the target community itself. Only San Diego and New Orleans implemented a comprehensive plan for disseminating findings from the adult and youth surveys to community residents.

The following section highlights some of the strategies sites used to build awareness of Plain Talk in the professional and residential community. It will be followed by descriptions of efforts made in San Diego and New Orleans to disseminate mapping results to the community, and a discussion of the consequences of those efforts.

Reaching the Professional Community

Sites reached out to the professional community in a number of ways. Project managers in many sites gave presentations about Plain Talk in meetings of professional associations. San Diego used the community mapping results in their presentations, and Atlanta and New Orleans distributed the community mapping results throughout their professional networks as well.

Agency representatives on Plain Talk advisory committees also helped spread the word in their own agencies and throughout professional networks. In Seattle, for example, some agency representatives printed articles about Plain Talk in their professional newsletters. Indeed, creating large advisory councils with representatives of religious, educational, political and social service agencies at the local, city and state level was itself a strategy that some Plain Talk sites used to build support within the political and professional community. In one such site, Atlanta, the 11-member advisory committee included city and state politicians and legislators, and representatives from the county and state health departments. The lead agency representative told us she had chosen to convene a large, diverse group so that these supporters could help the site deal with any controversy that Plain Talk might encounter.

Excepting negative or ambivalent reactions from some members of the religious community, most sites reported encountering little resistance to Plain Talk from the professionals they approached. Many Plain Talk staff and agency representatives with whom we spoke felt that the initiative was still too vaguely defined to generate real opposition, but expected to run into more resistance during implementation if certain goals and strategies are made more concrete (e.g., if "encouraging youth to use contraceptives" is operationalized into condom distribution). For now, the sites seem to have won at least verbal approval and expressions of support from most professionals they have approached.

Disseminating Survey Results to the Target Community

Disseminating community mapping results to the target community was an important planning-year milestone that the Foundation envisioned as a primary means for mobilizing the community around Plain Talk goals. The findings would alert community adults to the seriousness of the threat confronting their youth, and enable the Plain Talk team to begin a dialogue with the community around Plain Talk's approach to this problem.

The Foundation envisioned other benefits as well. In the process of reporting the findings from community mapping, the sites would gain valuable information that could inform their plans for implementing Plain Talk over the next year. That is, it would allow the planning

teams to pilot or field-test different approaches to delivering the Plain Talk message, and learn what strategies seemed to work best with different groups in their community.

Among the six sites, San Diego and New Orleans stand out in terms of the scope and intensity of their dissemination activities. In the second half of the planning year, both these sites staged large-scale efforts to disseminate community mapping results. A close examination of dissemination activities and their consequences in both San Diego and New Orleans are presented in the following sections.

San Diego

San Diego used two strategies to bring results of the adult and youth surveys to community residents: community forums and information booths at community events and festivals.

Community forums. Over the course of the planning year, Plain Talk in San Diego held five community forums. Fliers announced the forums' goals: to present the findings of the adult and teen surveys, explain the purpose of Plain Talk, and discuss "how we can communicate with our teens." Forums were held at the lead agency and at three local agencies represented on the planning team.

In addition to posting forum announcements throughout the community, residents on the core team went through the list of over 600 names they had collected during the mapping, calling people who had expressed interest in learning more about Plain Talk and inviting them to attend. Approximately 40 to 50 people attended each forum. According to the staff, most who attended were parents who were very involved with their children. About 80 percent of audience members were female.

On the whole, the Plain Talk staff were disappointed in what they considered low turnout for these forums. However, a team member from the staff of a local high school felt that relative to school programs for parents, the turnout at the Plain Talk forums was actually quite high.

In the first forum, Plain Talk staff gave a slide presentation of survey findings that the audience had difficulty understanding. In subsequent forums, they simplified the presentation and described only four or five of the major findings regarding teens' unprotected sex and the lack of parent/child communication on issues of sexuality. Later forums opened with a skit depicting parent/child communication performed by a group of youth and adults on the planning team. The staff felt that the audience responded much more readily to the skit than to the presentation of data. The formal presentation was followed by time for audience response and questions.

We were told by people who had attended the forums that community adults responded to the findings on the high incidence of sexual activity among youth much like members of the planning team--with initial surprise and sorrow, followed by a sense of great urgency and the need to take action to protect the youth. The data sparked intense discussions, and members

of the audience asked many questions about sex, STDs and where to go for help. We were told that they seemed grateful to have the opportunity to express their concerns and opinions on a topic usually suppressed by cultural and religious taboos. A few participants were even motivated to join the planning team after attending one of the forums.

Information booths. Logan Heights, the community in which the San Diego target community is located, holds a number of festivals during the year, and the Plain Talk team participated in as many as possible. By the end of the planning year, they had set up information booths at four festivals, and more were on their schedule.

The Plain Talk booths were equipped with promotional buttons, posters, pamphlets with information about Plain Talk and its objectives, and fliers outlining the major findings from the adult and youth surveys. The booths were organized and staffed by the resident team members.

One resident in charge of a booth at a recent festival described her interactions with residents: "People would come up to the booth, and if they asked about Plain Talk, I would give them a flier, assuring them that I was not a government or welfare representative, but their neighbor--so they would feel comfortable." She said she gave them as much information as they seemed to want. If she handed them the flier outlining the survey findings, she would say: "Maybe your kids don't do this, but your friend's kid might and that might influence your kids." To communicate the Plain Talk message of community empowerment, she would say: "You can affect your whole block if you take the initiative." Interested residents were asked to write their names and telephone numbers on a sheet if they wanted more information or training to help them "learn to deal with their children better."

The residents who staffed these booths said they were pleased with the response they got. They reported that the booths attracted a diverse cross-section of people, including gang-affiliated youth and older teens--an underrepresented group in the teen surveys who were particularly interested in learning about STDs and HIV/AIDS and how to obtain free health exams. They were convinced that the community was "hungry for information;" the interest is there to be tapped, they said.

The assessment of Plain Talk staff, however, was more cautious. They felt community response was mixed. Some adults wanted to learn more, while others shied away. Staff also reported dissemination activities confirmed their belief that while the less acculturated segment of their community would be highly motivated to take action to protect their youth from pregnancy and disease, they would still express a strong preference that teens abstain from or delay sexual activity.

While we have no way to assess the actual impact of these forays into the community, it seems likely that the community forums, held in established and presumably respected community institutions (e.g., schools, the lead agency, a popular youth-serving agency) and presented by the "professional" staff, lent legitimacy to the initiative, while the information

booths at the community festivals allowed for more informal interactions "among neighbors." These dissemination activities enabled the site to maintain a high profile in the community and, more important, to begin a dialogue with the community regarding the need to take action to protect sexually active teens.

Informing the implementation plan. The dissemination activities achieved the second result for which they were intended: they informed the site's implementation plans. Having found their information booths to be a good way to attract people, the San Diego team plans to continue participating in community festivals during implementation. Follow-up phone calls to residents who had not attended the community forums revealed that logistical problems, such as lack of child care, prevented many from attending. Team members realized that they needed to search for alternative strategies to reach large numbers of people. The successful experiences of team members who had done extensive outreach work in people's homes convinced the team to provide further training on sexuality and communication in small groups in people's homes as well as to hold training sessions in community buildings. Further, they determined that the door-to-door approach, which proved successful during the survey administration, might help them reach large segments of the community during implementation.

New Orleans

New Orleans carried out a large-scale dissemination effort in the community. During the last four months of the planning year, the team conducted 88 home health parties to introduce St. Thomas residents to Plain Talk and present the findings of the adult and youth surveys. A total of 847 participants--305 men and 542 women--attended the 88 parties.

The idea for the home health parties was first suggested by the project manager as an alternative to large formal meetings. Based on her own experience with this approach as a health educator for Planned Parenthood, and her observations that a great deal of information is spread through the community via word-of-mouth as people sit on their porches in the evenings, she felt home health parties might be the best way to disseminate community mapping results.

She and the Plain Talk community organizer viewed the home health parties as a vehicle for organizing and mobilizing the entire community. They walked through the housing development identifying key streets and buildings where the parties should be held. They recruited the first hostesses from among resident members of the survey team that conducted community mapping, and who had received training in leadership skills and community organization during the year. However, as the parties progressed, residents who had themselves attended a party, or who had heard positive reports from their neighbors, volunteered to be hostesses.

Seventy-five of the 88 parties were attended by women and hosted by community residents, each of whom was asked to invite six to eight family members and friends to discuss the

results of the community mapping surveys. The hostesses were given a $20 stipend for providing food.

Men were unable to have the parties in their apartments because they are not listed on the leases, and the Plain Talk staff did not want them to get into trouble with the housing authority. Therefore, 13 parties were held for men (including one held exclusively for gay men) in the STRC office.

At the parties, discussions of Plain Talk and the findings from the surveys were facilitated by the community organizer. In the early parties, the hostesses, who were familiar with Plain Talk and the content of the survey, also facilitated. Agency representatives who were members of STICC or the Plain Talk advisory council, including staff from a local clinic, attended some of the parties as well.

The Plain Talk staff prepared charts from the mapping results to prompt discussion. The community organizer told us that she liked to show the discrepancy between the chart that reported how often teens say they talk about sexual issues with their parents and the one that reported how often parents said they discussed sexual issues with their teens. In addition to mapping results, such topics as sexuality, STDs and HIV, menstruation and contraception were discussed, and the proper way to use a condom was demonstrated.

A focus group of 40 people who had attended home health parties told us that discussions often went beyond issues of sexuality to such topics as crime, violence, oppression of poor people, employment opportunities and problems with the housing authority. And, because the facilitators stressed confidentiality at the beginning of every session, people felt very free to relate traumatic sexual experiences in their lives. The focus group reported that home health parties often took on the dynamics of a sexual abuse support group, as some women brought up stories of past sexual, physical or emotional abuse, and many described their pain and anger as victims of rape or incest. For many, it was the first time they had disclosed these experiences to anyone. The project manager felt that these home health parties provided a space for the participants to acknowledge that they had been hurt and put sexuality in a healthier perspective.

Everyone to whom we spoke was overwhelmingly positive about these home health parties. Many participants described the experience as "empowering." They expressed their desire for more information on contraceptive methods, STDs and HIV, and their hope that such discussion groups would become a regular event in their community. As one resident said: "We need the support--someplace where we feel safe to talk about our problems and get help. We need to get educated about our privates (sic) . . . and different kinds of contraceptives so we can take up the responsibility to talk to our kids." They also felt that they need further help in dealing with their own issues and discomfort with sexuality, so that they can in turn better help their children.

As a result of the home health parties, many residents expressed interest in continuing their participation in Plain Talk, and many volunteered to participate in Plain Talk during implementation. Several young men who had attended a males-only party expressed their desire to continue participating in Plain Talk, and have begun to frequent the STRC office, the center of Plain Talk activity.

As in San Diego, this comprehensive information dissemination served to inform the New Orleans site's implementation plan. Not surprisingly, the team intends to continue using home health parties during implementation. However, because they were able to pilot this approach during the planning year, they have been able to make some improvements. For example, they realized that they need to provide training to the facilitators so that they can better handle the strong emotions expressed as people talk about their own traumatic sexual experiences, as well as identify referral services for home health party participants who might benefit from further counseling.

The team also plans to build on the relationships established through the home health parties. During the first year of implementation, the cadre of residents who served as hostesses will be the initial target group of adults for Plain Talk's educational activities.

SUMMARY

The accounts of the comprehensive community dissemination activities carried out in San Diego and New Orleans suggest that such efforts have the power to begin mobilizing a community around the issue of teen sexuality. Through these activities, the two sites were able to build awareness of Plain Talk in the target community and develop a pool of people interested in continuing their participation. They were also able to develop, test and refine strategies for their implementation plan and thus tailor this plan to the needs of their community. The sites also got an idea of the level of interest in the community, and sampled the range of reactions they might receive from various pockets of the community during implementation. Moreover, as most activities were planned and carried out by the residents themselves, they constituted valuable on-the-job training for Plain Talk messengers and pointed out what kind of further training and preparation are needed.

While we believe this strategy is highly effective, we are also aware of the demands it puts on the sites and the community resources on which it rests. Both New Orleans and San Diego had highly task-oriented project managers. The project managers were well-organized from the beginning of the planning year, and maintained community outreach as their highest priority throughout the year.

Moreover, both communities had characteristics or resources that facilitated the team's access to the residents. The fact that St. Thomas is a self-contained and relatively small community may have made it easier for the New Orleans team to expose residents to the Plain Talk message through home health parties. Those residents who did not attend heard about the parties from their neighbors. Meanwhile, the San Diego team was able to take advantage of

the fact that Logan Heights stages a number of community festivals and informational forums throughout the year.

And what of the two sites that did not carry out comprehensive dissemination efforts within their communities? They would seem to be at a disadvantage, at least initially, as they are going into implementation "cold," with untested strategies and without having built a foundation of awareness and interest in the community. We expect that they will spend the first several months of implementation going through the same process described above--testing and refining their strategies, and building wider support for Plain Talk. The degree to which this initial lag will affect their ultimate progress will become clearer over the next year.

VIII. REACHING THE PLANNING-YEAR MILESTONES

In the preceding section, we reported that two of the four original sites, Hartford and Atlanta, were unable to complete a major task of the planning year--namely, disseminating the community mapping results to the wider community. These two sites had more difficulty reaching the planning-year milestones than the other two sites in their cohort. In fact, Atlanta was not given funding for implementation at the end of the planning year. The Foundation felt that the site's implementation plan needed to be more fully articulated, and gave them an additional six months to work on it for resubmission.

This section examines some factors that impeded progress in Hartford and Atlanta.

HARTFORD

Although many factors made it difficult for Hartford to move through the planning year as rapidly as some other sites, we believe a major factor that slowed its progress was the way responsibility and authority were delegated within the planning team. In this site, the lead agency divided responsibility for the major components of the planning year among the five participating agencies, four of which were given contracts for their work. In doing so, the lead agency may have relinquished control over the project, and felt reluctant to intervene when problems arose.

One consequence of this work structure was that the results of the adult and youth surveys were not disseminated in a timely fashion. One of the contract agencies was to take charge of community mapping from data collection to data dissemination. However, by the fall, when the survey data became available, both of that agency's representatives on the Plain Talk team had left their jobs.

The agency eventually sent a replacement to assume responsibility for community mapping and to explain the survey results to the planning group. According to the project manager, however, the new representative was unfamiliar with the findings, and her presentation was confusing--especially to the residents, who had no prior experience with data interpretation. The project manager added that she herself was not familiar enough with data analysis to take over this role. It was not until the last month of the planning year (during a retreat held for the residents to begin work on the implementation plan) that the Plain Talk staff brought in a consultant to explain the findings to the residents. By this time, the staff's focus was on completing the implementation plan, and the year ended before community dissemination activities could be planned.

The site's problems with contract agencies were not limited to community mapping. Other agencies contracted to complete specific sections of the implementation plan did not do so as requested, or on time. Our impression was that the problem was not discovered or acted on by the lead agency and Plain Talk staff until it was too late to redirect the agencies' efforts.

One representative from the lead agency said that he originally decided to delegate responsibility to contracted agencies because he wanted to avoid dominating the planning process. We believe, however, that his desire to be one among equals may have made him reluctant to monitor the agencies or intervene as problems arose. We are not certain why the project manager did not assume this role, but our impression is that she did not feel she had the authority to do so. In short, we feel that the lack of centralized monitoring, coordination and maintenance of accountability hindered this site's progress during the planning year.

ATLANTA

Atlanta's progress was slowed by internal difficulties of a different nature: a focus on group process issues that ultimately interfered with task completion. Two factors appear to be responsible for Atlanta's focus on process: the philosophy of the lead agency and project manager, and the composition of the resident planning group.

As a central part of its work, Atlanta's lead agency, the Center for Black Women's Wellness (CBWW) runs self-help support groups based on a model of empowerment that emphasizes the importance of intra- and interpersonal growth and development. The project manager (who has been a staff member of the CBWW for over 10 years and its director since 1989) and the lead agency representative (who is the executive director of the National Black Women's Health Project) explained that through participating in these groups, they believe individuals can become empowered to focus on multiple issues and transform an entire community. They see a close match between the primary mission of the CBWW and Plain Talk, which, in their opinion, is also concerned with empowering people. They indicated that they used their self-help empowerment model as the model for the Plain Talk planning group.

And in fact, we were struck by the similarity between the Plain Talk team meetings and a support group meeting. For example, like many support group meetings, the Plain Talk meetings in Atlanta open with a "check-in" time, during which each member gives a statement about his or her personal welfare. If someone has a personal problem or seems anxious or upset, the group deals with that problem. One resident explained, "We don't think it's good to sit in the meeting with a hostile attitude. If someone comes in with an attitude, it's dealt with. We as a group feel it is important to deal with [members' personal problems] because we care about each member." Unfortunately, reports from other group members indicate that dealing with personal problems takes up a lot of time, and often took the group away from the meeting agenda.

Focusing on group process issues was also a priority, as the project manager explained, because the group initially lacked the basic skills they needed to work together. She said the group needed to learn how to make decisions as a team, how to listen respectfully to one another, how to run a meeting, rules of confidentiality, and so on. However, in line with her philosophy of empowerment through self-help, the project manager adopted a nondirective style as group facilitator. She explained that she preferred to take a back seat and not to intervene in meetings, letting group members work things out for themselves. While ac-

knowledging that this took more time, she felt it was a better way for residents to learn to manage themselves as a group.

In the opinion of one planning team member, establishing efficient group processes was further complicated by the large size of the group, which averaged between 25 and 40 participants. Group members, he explained, have very diverse interests and thoughts that they want to share, and people sometimes brought up unrelated points, making it difficult for the group to remain focused on the agenda.

Added to this mix were conflicts between youth and adults on the team, which required the group to devote even more attention to process issues. In Atlanta, youth and adults were present in equal numbers and status on the core planning team. The Plain Talk staff felt strongly that including youth as equal partners in planning would increase their sense of ownership in Plain Talk, and thus make them more receptive to its message. However, this created a complicated group dynamic, which was strongly reminiscent of the power struggles that typify adult/youth relationships during adolescence.

The struggle came to loggerheads after an incident at a Plain Talk retreat in December, in which a few of the teens met at night, and there followed rumors of a possible sexual encounter. To put a halt to such rumors, which could have disastrous effects for Plain Talk in the community, the adults on the team decided to develop a set of rules for behavior, beginning with the establishment of a curfew for the teens at the next retreat. Debate about the curfew initiated a contentious battle between adults and youth that continued for several weeks.

The group then decided to draft a formal code of conduct and a set of bylaws outlining acceptable behavior in group meetings. Drafting these behavioral codes consumed the group's meeting time for the last quarter of the planning year, leaving little time to work on the implementation plan or on strategies to disseminate community mapping results.

In their discussions with us, the project manager and the lead agency representative acknowledged that the empowerment model they employ takes time, but they feel that, over the long term, it will yield better results. They believe they were able to put a process in place that will enable key players in the community to deal with a range of community issues.

We can attest to the fact that this group did learn how to run a meeting. The meeting we observed was facilitated by the residents in an orderly fashion, according to an agenda developed by the resident officers. In fact, this site's team meeting was the most resident-managed of all the teams we observed. It is too early to tell whether the team's hard-won skills in self-management will ultimately pay off. It remains to be seen whether team members will be able to refocus their energy and use their highly evolved group process skills to produce a well-developed implementation plan.

Given the size and composition of this group, their relative inexperience in collaborative planning, and the philosophy of the lead agency and the project manager--not to mention the chaos of emotions that the issue of teen sexuality can evoke--it is understandable how this site became so absorbed in its own internal process. While we recognize that developing an effective, cohesive and motivated group is a necessary and important part of any collaborative effort, Atlanta's experience illustrates that the development of the group can become an end in itself, eclipsing the work that the group was convened to accomplish.

While the reasons in each case may be different, putting too much emphasis on process issues is not uncommon in community-based initiatives. In reviewing such initiatives, Prue Brown talks about the fact that, in their attempt to produce inclusive, participatory group processes to foster a sense of ownership among community members, many community-based projects get "stuck" and are "unable to identify and implement specific strategies to achieve [their goals]" (Brown, 1993). We found evidence of this in the Plain Talk initiative. The sites that were able to move forward quickly to complete the planning-year milestones had project managers who remained strongly focused on completing these milestones and facilitating task-oriented group processes.

IX. DISCUSSION

The past several decades have produced powerful evidence that social programs focused solely on reducing specific problems of individuals are not effective over the long term in either changing individual lives or improving the community conditions that helped shape the problems to begin with. Policymakers and intervention designers are therefore moving toward initiatives that attempt to improve the life trajectories of individuals by reshaping the social context of communities. This requires a shift from reliance on models wholly designed outside the target communities, toward more reliance on local residents and organizations to plan strategies for social change using approaches that are appropriate to the conditions in their particular communities.

Plain Talk is such an effort: it seeks to address the problems of teenage pregnancy and sexually transmitted disease through organizing and mobilizing community residents to change the attitudes and practices of adults, teenagers and service providers in ways that support the use of contraception as a means of protecting the community's youth. Plain Talk's underlying principles are that: (1) community residents are the primary stakeholders in community change and, as such, must be a critical part of the decision-making process; (2) community change can occur only when there is strong consensus among the residents about what changes are necessary; and (3) communities must have access to, or the means to obtain, reliable information about the problems and practices they are trying to address. Putting these principles into practice entails great challenges; there are no blueprints.

The experience of the six Plain Talk communities during their initial planning year provides a valuable opportunity to consider key issues that arise during implementation of these principles, which are critical components of the community mobilization approach. The initiative is in its very early stages, thus supporting only preliminary insights about the model and the broader approach it represents. It is also unique, and can support only modest generalizations at this stage. Nonetheless, it seems to us that it is important to begin trying to draw out such generalizations at the early stages if Plain Talk is to be a useful guide to other community involvement and mobilization initiatives. These early considerations will also help to define more carefully some of the key issues that will warrant close examination over the ensuing years of Plain Talk's implementation.

COMMUNITY RESIDENTS AS STAKEHOLDERS AND DECISION-MAKERS

In general, the attempt to involve community residents in significant roles in planning the Plain Talk initiative was successful. (Incorporating diverse ethnic groups did prove to be difficult in the most "mixed" sites, as is discussed in the next section.) All Plain Talk sites established a cohesive core group of residents who played a major role in shaping the Plain Talk message, and in deciding on a general implementation strategy.

Achieving this required creativity, flexibility, training and skilled direction from a project manager. For example, involving both male and female adults, and teen residents, demanded both creativity on the part of the lead agencies and project directors, and the flexibility to address barriers to resident involvement, such as housing authority rules, stipends to cover travel and child care, and in one case, getting access to health services and employment that participants needed.

But involving residents as decision-makers has highlighted important structural, training and process issues that are likely to emerge in most community involvement initiatives. In most of the communities, for example, residents were inexperienced in working as partners with professional representatives from public or nonprofit service agencies, and were reluctant to take on active leadership roles until structural changes were made that facilitated these roles. In some sites, separate resident groups were established to promote the development of skills and confidence within the group so that the residents could interact on a more equal basis with the agency representatives. In some sites, residents were put in charge of groups or committees to establish their centrality in the process. The alignment of the relationship between residents and agency professionals continues to evolve at the six sites, and warrants further attention to learn how the transformation in the power balance between residents and professionals is most effectively achieved.

In addition to assuming leadership and control, residents also need the skills necessary to any effort that requires working in groups and blending consensus-building with timely and effective decision-making. In some sites, the residents had prior experience in such work and participated in the process more easily. In other sites, training workshops (in communication and group process skills, leadership, etc.) increased these skill levels among the residents. In all of the sites, ongoing mentoring, guidance and leadership by skilled project managers seemed critical to increasing the capacity of residents to assume active roles as decision-makers.

The Plain Talk sites have, for the most part, avoided one of the pitfalls experienced by other resident-driven initiatives--becoming so enmeshed in the process of forming a group that concrete progress toward the goals of the initiative is significantly impeded. This appeared to be primarily due to the fact that the Foundation model is activity-oriented, with a timeline built around concrete milestones and tasks. This approach helped prevent communities from getting bogged down in process and personalities. The first-year milestones gave residents opportunities to be involved in concrete activities, and thus created both opportunities for developing residents' leadership and a way to channel resident enthusiasm and need to "do something" right away.

As the Plain Talk initiative continues, the opportunity exists to learn a great deal about how shifts in power relations affect the continuing commitment and effectiveness of agency representatives and other community professionals; about the type and kind of training and skill-building needed as residents become increasingly active planners and decision-makers; and about the need for and utility of outside assistance over time in making decisions about

technical assistance and training, and the shaping and monitoring of activities and milestones.

COMMUNITY CONSENSUS AS A MECHANISM OF CHANGE

For communities to effect change, some degree of consensus about both the problems and the solutions is required. Even in an initiative like Plain Talk, where the problem is clearly defined (teen pregnancy and STDs) and the basic solution has been identified (the use of contraception among sexually active teens), achieving consensus within the planning teams was a challenge, as it will be in the broader community.

Fostering a sense of shared values and goals among both the residents and the community agencies has required ongoing dialogue and discussion, and careful attention to linking the goals of the initiative to the values held by the communities' dominant groups and individuals. This has proved to be most challenging in ethnically diverse sites and in sites where segments of the population hold values at odds with the initiative's goal.

This difficulty points to a lesson valuable for all community-based efforts; that is, while economic conditions may be shared in impoverished communities, these neighborhoods are by no means socially or culturally monolithic. They are subject to the same tensions over diverse values as are other communities. As a result, significant effort is required to ensure that all critical segments of the community are involved in the decision-making process, and can at least understand why the initiative's goals and activities are what they are. Even so, it may not be possible to achieve the hoped-for consensus on some sensitive topics in all communities, and that may limit the initiative's effectiveness.

As Plain Talk moves into implementation, there will be continuing opportunities to learn how to achieve consensus (and whether it can be achieved) among culturally diverse groups, and to examine how the values-shapers in the community (e.g., clergy, media and community leaders) are involved in and affect the consensus-building process.

COMMUNITY ACCESS TO INFORMATION

There is increasing recognition that in order for community residents to be active participants in solving community social problems, they must have access to, or the ability to collect, credible information about the prevailing conditions, behaviors and attitudes that are targets of change. In this regard, the Plain Talk initiative represents an exemplar of how information can act both as an instrument of resident empowerment and involvement, and as a tool for social change.

The community mapping process (surveying adults and youth and canvassing health care providers) played a central role in the planning year in a number of ways: (1) recruiting and involving residents actively in the planning process; (2) providing information that mobilized both members of the communities and health care agencies; (3) offering an arena for testing and refining delivery strategies; and (4) providing a valuable base of information for use in

devising and tailoring implementation strategies that are specific to the needs and interests of the individual communities.

While resident-based information gathering proved to be an invaluable part of the planning year, it also holds lessons about the special techniques and additional resources necessary to carry it out. Because of the technical nature of systematic data collection, analysis and interpretation, and the inexperience of most community members in these activities--professionals as well as residents--this strategy required a significant amount of training and technical assistance. The Foundation hired a research firm to work with communities to choose the tools and formulate plans for data collection, oversee the data collection and conduct the necessary data analyses. This was a time- and labor-intensive effort, requiring special approaches and a focus on community relations that are unusual for survey efforts. However, given the multiple utility of this community mapping effort, other community involvement and mobilization initiatives would be well advised to devote the time and resources necessary to these activities. As Plain Talk continues into implementation, an important issue to follow will be how the sites and the Foundation devise further strategies to meet the continuing need for credible information to use in the monitoring of progress.

In sum, the Plain Talk communities took on an enormous challenge during their first year, and made significant progress toward achieving their goals. Some sites required more than one year to accomplish all the planning objectives. Even so, it appears from the initial year's experience that Plain Talk is a promising example of the community involvement/mobilization approach, in terms of both its accomplishments and its usefulness as a vehicle for learning.

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Appendix A

METHODOLOGY

Sites from the first cohort--Atlanta, Hartford, New Orleans and San Diego--were visited twice by two P/PV staff during the planning phase, with each visit lasting one week. The first site visit took place about five months into the planning phase (between July and August 1993) and the second at the conclusion of the planning phase (between April and May 1994). Indianapolis and Seattle, the second cohort sites, were visited once by P/PV staff. These week-long site visits occurred in May 1994, about five months into their planning phase.

Multiple data collection strategies were utilized during the site visits. These included retrieval of census tract and other descriptive data on the targeted neighborhood; walking tours of the targeted neighborhood to observe the location and condition of houses, businesses, and service and recreational facilities; document collection from the lead agency and organizations represented on the core planning group describing their programs and services; observations of core planning group meetings; document collection from the Plain Talk staff, including promotional buttons, pamphlets, videos and fliers, articles about Plain Talk from the local media, and planning meeting minutes and agendas; and focus group discussions and/or individual interviews with program staff, agency representatives, community residents and youth, regarding their descriptions and perceptions of planning-year activities.

During the first visit to all sites, lead agency and Plain Talk staff were asked to identify key actors and arrange initial interviews. P/PV researchers selected persons to interview in the second round of visits, reinterviewing individuals previously contacted as well as surveying any new agencies or individuals involved in the planning process. Following each visit, the gathered information was synthesized into a full site visit report.

In addition to site visits, the project managers were contacted monthly by P/PV staff for updates on planning and dissemination activities, and changes in planning team membership and organization. The telephone conversations were summarized in memo format.

Finally, the Foundation supplied copies of the interim reports and implementation plans submitted by each site, along with internal memos compiled by Foundation staff, who conducted site visits and provided technical assistance.

After reviewing the multiple sources of data, within-site analyses of all planning activities were conducted by P/PV staff to produce a complete description of each community's activities. Cross-site analyses of key planning-year milestones distilled from the Foundation's *Strategic Planning Guide* were then conducted to assess the relative progress made by each site and to identify the factors that facilitated or impeded their progress. These milestones were convening a representative planning team, developing resident leadership, forging consensus within the planning team, and building community awareness and support.

Appendix B

CHARACTERISTICS OF PLAIN TALK COMMUNITIES

	Atlanta	Hartford	Indianapolis	New Orleans	San Diego	Seattle
Lead Agency	Community based health center	Organization to improve health status of women and children	Economic development corporation	Organization to facilitate resident participation in community development	Health center	Settlement house
Size of Community						
Units	1,296	598	1,676	1,510	3,400	2,499
Residents	3,323	1,610	5,229	3,800	13,488	6,574
Ethnicity of Residents	97% Black 3% White/Indian	50% Latino 49% Black 1% White/Indian	85% White 13% Black 2% Other	99% Black 1% White	80% Latino 16% Black 4% Other	70% White 20% Asian/ Pacific Islander 10% Other
Residents under 20 years of age	44%	64%	40%	66%	42%	32%
Residents below poverty	71%	70%	27%	86%	44%	25%
Employed persons 16 and older	31%	36%	60%	23%	53%	64%